

# **Wisconsin Hospice Directory**

**2000**

August 2001

Bureau of Health Information  
Division of Health Care Financing  
Department of Health and Family Services



## FOREWORD

This report presents detailed information on individual hospices in Wisconsin. The data were drawn from the 2000 Annual Survey of Hospices, conducted by the Bureau of Health Information, Division of Health Care Financing (DHCF), in cooperation with Wisconsin-licensed hospices; the Bureau of Fee-for-Service Health Care Benefits, DHCF; and the Bureau of Quality Assurance, Division of Supportive Living.

The Hospice Organization and Palliative Experts (HOPE) of Wisconsin has endorsed the Annual Survey of Hospices. The 2000 survey represents the second year that data have been collected on all Wisconsin hospices and their patients. Sincere appreciation is expressed to all hospices for their cooperation in completing the survey.

This directory was produced by the Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. Kitty Klement and Jane Conner, research analysts, prepared the directory. They also coordinated and implemented the data collection and editing activities. Lu Ann Hahn and Kim Voss, research technicians, participated in the survey follow-up process. The directory was prepared under the supervision of Raúl Rodríguez-Medellín, Chief, Workforce and Provider Survey Section, and the overall direction of Sandra Breitborde, Director, Bureau of Health Information.

Inquiries regarding the information presented in this publication should be directed to the Bureau of Health Information, Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309, or telephone (608) 267-9055.

To obtain an additional copy of this directory, please send a \$5.00 check (made payable to the Division of Health Care Financing), along with a note requesting the 2000 Hospice Directory, to the following address:

Bureau of Health Information  
Division of Health Care Financing  
ATTN: Joan Gugel  
P.O. Box 309  
Madison WI 53701-0309



## TABLE OF CONTENTS

FOREWORD .....	iii
INTRODUCTION .....	vii
HOSPICE PROFILES	
A. Wisconsin Hospices .....	1
B. Out-of-State Hospices .....	54
INDICES OF HOSPICE PROFILES	
A. By County .....	65
B. By City .....	67
C. Alphabetically By Name .....	69
D. By License Number .....	71



## INTRODUCTION

As part of its responsibility to collect and disseminate information on Wisconsin's health facilities, the Department of Health and Family Services collects information about the characteristics of hospices and the patients they serve. Data for 2000 were obtained from the second Annual Survey of Hospices. The purpose of the survey is to meet the common information needs identified by a partnership comprised of the Hospice Organization and Palliative Experts (HOPE) of Wisconsin, the Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing, and the Bureau of Quality Assurance, Division of Supportive Living. The survey also seeks to meet the information needs of hospice administrators, public and private health care professionals, and other interested citizens.

This directory presents individual data for each of the 61 hospices that submitted a 2000 survey (all hospices licensed by the State of Wisconsin to operate in the state in 2000). Hospice profiles are organized alphabetically by county of location, and by city within each county. The indices included at the back of this directory list all hospices statewide by county, city, name of hospice, and license number assigned to each hospice by the Bureau of Quality Assurance, Division of Supportive Living.

Data contained in each profile are hospice-specific and appear most frequently in the form of percentages. Caution should be used when comparing percentages for hospices with small numbers of patients because of the high potential for variability. Throughout these profiles, a " ." in any category indicates that the data for that item were not provided by the hospice.

The following information is presented for each hospice:

1. A description of hospice characteristics such as licensure, ownership, Title 18 (Medicare) and Title 19 (Medicaid) certification, and identifying information (name, address, city, zip code, county, telephone number and license number).
2. Measures of hospice utilization such as admissions, discharges, average daily census and number of patients served.
3. The percentage distribution of patient characteristics (such as age, sex, length of stay, level of care, diagnosis, and deaths).
4. Staffing data, including the number of full-time equivalent employees (FTEs) in various categories (not including contracted staff or volunteers); and the number of volunteers and volunteer hours of service provided.

To assist the reader in converting the percentages shown in each profile to a comparable number of patients, the following example is provided using data from the St. Joseph's Hospice in Chippewa Falls (Page 6). To calculate the number of patients served by this hospice who were age 75 to 84, divide the percentage for the age group (34.6%) by 100 (.346) and multiply the result by the total number of patients served during the year (107). The product (.346 x 107) is 37.02, which when rounded to 37 is the number of unduplicated patients age 75 to 84 served by this hospice during the 2000 calendar year.

**Regional Hospice Services, Inc.**  
 2101 Beaser Avenue  
 Ashland WI 54806

License Number: 526  
 County: Ashland  
 (715) 682-8677

Page 1

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 22  
 Unduplicated Patient Count for 2000: 193  
 Average Daily Census: 28  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	. %	Malignant neoplasm		Physician	45.6%	Medicare	81.8%
20 to 54	.	(cancer)	81.3%	Hospital	16.1	Medicaid	9.1
55 to 64	.	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	.	disease	6.2	Patient's family	22.3	Managed Care/HMO	0.0
75 to 84	.	Pulmonary disease	4.1	Home health agency	5.7	PACE/Partnership	0.0
85 to 94	.	Renal failure/		Other	10.4	Private Insurance	9.1
95 & over	.	kidney disease	2.1	Total Patients	193	Self Pay	0.0
Total Patients	193	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.0			Caseload	22
Male	56.5%	AIDS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Female	43.5	ALS	0.0	Routine home care	97.7%	Administrators	2.0
Total Patients	193	Other	6.2	Continuous care	0.0	Physicians	0.0
		Total Patients	193	Inpatient care: acute		Registered Nurses	7.2
<b>TOTAL ADMISSIONS</b>	183			symptom mgmt	1.6	Lic. Prac. Nurses	0.0
<b>TOTAL DISCHARGES</b>	187	<b>ADMISSIONS BY PAY SOURCE</b>		Respite care	0.6	Hospice Aides	2.3
		Medicare	82.0%	Total Patient Days	10,335	Physical Therapists	0.0
		Medicaid	7.7			Occupational Therapists	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Speech/Language	
Hospice care not		Managed Care/HMO	0.0	Private residence	77.3%	Pathologists	0.0
appropriate	1.6%	PACE/Partnership	0.0	Nursing home	18.2	Bereavement Counselors	1.0
Transferred:		Private Insurance	8.7	Hospice res. fac.	0.0	Social Workers	1.5
care provided by		Self Pay	1.6	Assisted living:		Dietary	0.0
another hospice	3.2	Other	0.0	Residential care		Other	3.5
Revocation of		Total Admissions	183	apt. complex	0.0	Total FTEs	17.5
hospice benefit	14.4			Adult family home	0.0		
Other	0.0	<b>DEATHS BY SITE</b>		Community-based		* Full-time equivalents	
Deaths	80.7	<b>OF OCCURRENCE</b>		res. facility	4.5	Volunteers who served	
Total Discharges	187	Private residence	78.1%	Inpatient facility	0.0	patients of the	
		Nursing home	9.3	Other site	0.0	hospice in 2000:	
		Hospice res. fac.	0.0	Caseload	22	58	
<b>DISCHARGES BY LENGTH OF STAY</b>		Assisted living:				Total hours of	
1 - 7 days	25.1%	Residential care				service provided	
8 - 14 days	.	apt. complex	0.0			during 2000 by these	
15 - 30 days	.	Adult family home	0.0			volunteers:	
31 - 60 days	16.6	Community-based				2,093	
61 - 90 days	11.2	res. facility	1.3				
91 - 180 days	.	Inpatient facility	11.3				
181 days - 1 year	.	Other site	0.0				
1 year or more	.	Total Deaths	151				
Total Discharges	187						



**Lakeview Medical Center**  
1100 North Main Street, PO Box 71  
Rice Lake WI 54868

License Number: 555  
County: Barron  
(715) 236-6256

Page 2

Ownership of Hospice: Private Nonprofit  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 4  
Unduplicated Patient Count for 2000: 38  
Average Daily Census: 4  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	26.3%	Medicare	75.0%
20 to 54	10.5	(cancer)	84.2%	Hospital	42.1	Medicaid	0.0
55 to 64	15.8	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	31.6	disease	5.3	Patient's family	15.8	Managed Care/HMO	0.0
75 to 84	23.7	Pulmonary disease	0.0	Home health agency	15.8	PACE/Partnership	0.0
85 to 94	18.4	Renal failure/		Other	0.0	Private Insurance	25.0
95 & over	0.0	kidney disease	0.0	Total Patients	38	Self Pay	0.0
Total Patients	38	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.0			Caseload	4
Male	65.8%	AIDS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Female	34.2	ALS	0.0	Routine home care	95.1%	Administrators	0.2
Total Patients	38	Other	10.5	Continuous care	0.5	Physicians	0.0
<b>TOTAL ADMISSIONS</b>	<b>36</b>	Total Patients	<b>38</b>	Inpatient care: acute		Registered Nurses	1.4
<b>TOTAL DISCHARGES</b>	<b>34</b>	<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	2.8	Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare	69.4%	Respite care	1.6	Hospice Aides	0.9
Hospice care not		Medicaid	2.8	Total Patient Days	1,585	Physical Therapists	0.0
appropriate	0.0%	Medicare/Medicaid	0.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Occupational Therapists	0.0
Transferred:		Managed Care/HMO	0.0	Private residence	100.0%	Speech/Language	
care provided by		PACE/Partnership	0.0	Nursing home	0.0	Pathologists	0.0
another hospice	0.0	Private Insurance	27.8	Hospice res. fac.	0.0	Bereavement Counselors	0.2
Revocation of		Self Pay	0.0	Assisted living:		Social Workers	0.1
hospice benefit	17.6	Other	0.0	Residential care		Dietary	0.0
Other	0.0	Total Admissions	36	apt. complex	0.0	Other	0.4
Deaths	82.4	<b>DEATHS BY SITE OF OCCURRENCE</b>		Adult family home	0.0	Total FTEs	3.2
Total Discharges	34	Private residence	92.9%	Community-based		<b>* Full-time equivalents</b>	
<b>DISCHARGES BY LENGTH OF STAY</b>		Nursing home	0.0	res. facility	0.0	Total hours of service provided during 2000 by these volunteers: 847	
1 - 7 days	17.6%	Hospice res. fac.	0.0	Inpatient facility	0.0		
8 - 14 days	11.8	Assisted living:		Other site	0.0		
15 - 30 days	32.4	Residential care		Caseload	4		
31 - 60 days	11.8	apt. complex	0.0				
61 - 90 days	20.6	Adult family home	0.0				
91 - 180 days	5.9	Community-based					
181 days - 1 year	0.0	res. facility	0.0				
1 year or more	0.0	Inpatient facility	7.1				
Total Discharges	34	Other site	0.0				
		Total Deaths	28				

**Unity Hospice**  
916 Willard Drive, Suite 100  
Green Bay WI 54304

License Number: 1503  
County: Brown  
(920) 494-0225

Page 3

Ownership of Hospice:	Proprietary Partnership	December 31, 2000 Caseload:	99
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	670
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	97
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.4%	Malignant neoplasm	Physician 34.9%	Medicare 71.7%
20 to 54 8.7	(cancer) 59.7%	Hospital 35.7	Medicaid 2.0
55 to 64 11.5	Cardiovascular	Self-referral 2.5	Medicare/Medicaid 6.1
65 to 74 26.0	disease 18.8	Patient's family 13.0	Managed Care/HMO 0.0
75 to 84 31.5	Pulmonary disease 7.0	Home health agency 3.1	PACE/Partnership 0.0
85 to 94 21.3	Renal failure/	Other 10.7	Private Insurance 8.1
95 & over 0.6	kidney disease 2.1	Total Patients 670	Self Pay 12.1
Total Patients 670	Diabetes 0.0		Other 0.0
	Alzheimer's disease 2.4		Caseload 99
Male 49.3%	AIDS 0.6	<b>PATIENT DAYS BY</b>	
Female 50.7	ALS 0.4	<b>LEVEL OF CARE</b>	
Total Patients 670	Other 9.0	Routine home care 98.3%	<b>STAFFING FTEs*</b>
	Total Patients 670	Continuous care 0.0	Administrators 4.0
<b>TOTAL ADMISSIONS 598</b>		Inpatient care: acute	Physicians 0.1
	<b>ADMISSIONS BY PAY SOURCE</b>	symptom mgmt 1.1	Registered Nurses 17.0
<b>TOTAL DISCHARGES 590</b>	Medicare 78.4%	Respite care 0.6	Lic. Prac. Nurses 3.0
	Medicaid 2.2	Total Patient Days 35,544	Hospice Aides 4.9
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0		Physical Therapists 0.0
Hospice care not appropriate 3.6%	Managed Care/HMO 0.0	<b>CASELOAD ON 12/31/00</b>	Occupational Therapists 0.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Speech/Language
care provided by	Private Insurance 13.9	Private residence 90.9%	Pathologists 0.0
another hospice 0.8	Self Pay 5.5	Nursing home 5.1	Bereavement Counselors 1.5
Revocation of	Other 0.0	Hospice res. fac. 0.0	Social Workers 6.3
hospice benefit 6.1	Total Admissions 598	Assisted living:	Dietary 0.0
Other 0.0		Residential care	Other 6.5
Deaths 89.5	<b>DEATHS BY SITE</b>	apt. complex 0.0	Total FTEs 43.3
Total Discharges 590	<b>OF OCCURRENCE</b>	Adult family home 0.0	
	Private residence 61.0%	Community-based	* Full-time equivalents
	Nursing home 19.5	res. facility 4.0	
	Hospice res. fac. 0.0	Inpatient facility 0.0	Volunteers who served
<b>DISCHARGES BY</b>	Assisted living:	Other site 0.0	patients of the
<b>LENGTH OF STAY</b>	Residential care	Caseload 99	hospice in 2000: 100
1 - 7 days 25.9%	apt. complex 0.0		
8 - 14 days 16.3	Adult family home 0.0		
15 - 30 days 18.6	Community-based		
31 - 60 days 14.4	res. facility 7.8		
61 - 90 days 7.3	Inpatient facility 11.7		
91 - 180 days 10.5	Other site 0.0		
181 days - 1 year 4.2	Total Deaths 528		
1 year or more 2.7			
Total Discharges 590			Total hours of service provided during 2000 by these volunteers: 6,876

Calumet County Hospice Agency  
206 Court Street  
Chilton WI 53014

License Number: 557  
County: Calumet  
(920) 849-1424

Page 4

Ownership of Hospice: Governmental County  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 1  
Unduplicated Patient Count for 2000: 11  
Average Daily Census: 1  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	18.2%	Medicare	100.0%
20 to 54	0.0	(cancer)	63.6%	Hospital	18.2	Medicaid	0.0
55 to 64	18.2	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	27.3	disease	18.2	Patient's family	27.3	Managed Care/HMO	0.0
75 to 84	36.4	Pulmonary disease	0.0	Home health agency	27.3	PACE/Partnership	0.0
85 to 94	18.2	Renal failure/		Other	9.1	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Total Patients	11	Self Pay	0.0
Total Patients	11	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.0			Caseload	1
Male	54.5%	AIDS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Female	45.5	ALS	9.1	Routine home care	98.8%	Administrators	0.1
Total Patients	11	Other	9.1	Continuous care	0.0	Physicians	0.0
		Total Patients	11	Inpatient care: acute		Registered Nurses	0.1
<b>TOTAL ADMISSIONS</b>	<b>11</b>			symptom mgmt	0.0	Lic. Prac. Nurses	0.0
<b>TOTAL DISCHARGES</b>	<b>10</b>	<b>ADMISSIONS BY PAY SOURCE</b>		Respite care	1.2	Hospice Aides	0.0
		Medicare	90.9%	Total Patient Days	434	Physical Therapists	0.0
		Medicaid	0.0			Occupational Therapists	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Speech/Language	
Hospice care not		Managed Care/HMO	0.0	Private residence	100.0%	Pathologists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Nursing home	0.0	Bereavement Counselors	0.0
Transferred:		Private Insurance	9.1	Hospice res. fac.	0.0	Social Workers	0.0
care provided by		Self Pay	0.0	Assisted living:		Dietary	0.0
another hospice	0.0	Other	0.0	Residential care		Other	0.0
Revocation of		Total Admissions	11	apt. complex	0.0	Total FTEs	0.2
hospice benefit	0.0			Adult family home	0.0		
Other	0.0	<b>DEATHS BY SITE</b>		Community-based		* Full-time equivalents	
Deaths	100.0	<b>OF OCCURRENCE</b>		res. facility	0.0	Volunteers who served	
Total Discharges	10	Private residence	80.0%	Inpatient facility	0.0	patients of the	
		Nursing home	20.0	Other site	0.0	hospice in 2000:	
		Hospice res. fac.	0.0	Caseload	1	7	
<b>DISCHARGES BY LENGTH OF STAY</b>		Assisted living:				Total hours of	
1 - 7 days	30.0%	Residential care				service provided	
8 - 14 days	0.0	apt. complex	0.0			during 2000 by these	
15 - 30 days	20.0	Adult family home	0.0			volunteers:	
31 - 60 days	10.0	Community-based				51	
61 - 90 days	30.0	res. facility	0.0				
91 - 180 days	10.0	Inpatient facility	0.0				
181 days - 1 year	0.0	Other site	0.0				
1 year or more	0.0	Total Deaths	10				
Total Discharges	10						

**Calumet Medical Center Hospice**  
614 Memorial Drive  
Chilton WI 53014

License Number: 554  
County: Calumet  
(920) 849-7505

Page 5

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 1  
Unduplicated Patient Count for 2000: 27  
Average Daily Census: 3  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	33.3%	Medicare	100.0%
20 to 54	3.7	(cancer)	44.4%	Hospital	3.7	Medicaid	0.0
55 to 64	3.7	Cardiovascular		Self-referral	3.7	Medicare/Medicaid	0.0
65 to 74	22.2	disease	22.2	Patient's family	18.5	Managed Care/HMO	0.0
75 to 84	22.2	Pulmonary disease	7.4	Home health agency	33.3	PACE/Partnership	0.0
85 to 94	48.1	Renal failure/ kidney disease		Other	7.4	Private Insurance	0.0
95 & over	0.0		3.7	Total Patients	27	Self Pay	0.0
Total Patients	27	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.0			Caseload	1
Male	66.7%	AIDS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Female	33.3	ALS	3.7	Routine home care	99.2%	Administrators	0.2
Total Patients	27	Other	18.5	Continuous care	0.1	Physicians	0.1
		Total Patients	27	Inpatient care: acute symptom mgmt	0.3	Registered Nurses	1.0
<b>TOTAL ADMISSIONS</b>	<b>24</b>	<b>ADMISSIONS BY PAY SOURCE</b>		Respite care	0.4	Lic. Prac. Nurses	0.0
<b>TOTAL DISCHARGES</b>	<b>26</b>	Medicare	95.8%	Total Patient Days	1,154	Hospice Aides	0.6
		Medicaid	0.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Physical Therapists	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	Private residence	100.0%	Occupational Therapists	0.0
Hospice care not appropriate	7.7%	Managed Care/HMO	0.0	Nursing home	0.0	Speech/Language Pathologists	0.0
Transferred: care provided by another hospice	0.0	PACE/Partnership	0.0	Hospice res. fac.	0.0	Bereavement Counselors	0.3
Revocation of hospice benefit	0.0	Private Insurance	4.2	Assisted living: Residential care		Social Workers	0.1
Other	0.0	Self Pay	0.0	apt. complex	0.0	Dietary	0.0
Deaths	92.3	Other	0.0	Adult family home	0.0	Other	0.4
Total Discharges	26	Total Admissions	24	Community-based res. facility	0.0	Total FTEs	2.6
		<b>DEATHS BY SITE OF OCCURRENCE</b>		Inpatient facility	0.0	* Full-time equivalents	
<b>DISCHARGES BY LENGTH OF STAY</b>		Private residence	54.2%	Other site	0.0	Volunteers who served patients of the hospice in 2000:	18
1 - 7 days	34.6%	Nursing home	37.5	Caseload	1	Total hours of service provided during 2000 by these volunteers:	725
8 - 14 days	15.4	Hospice res. fac.	0.0				
15 - 30 days	3.8	Assisted living: Residential care					
31 - 60 days	7.7	apt. complex	0.0				
61 - 90 days	15.4	Adult family home	0.0				
91 - 180 days	19.2	Community-based res. facility	8.3				
181 days - 1 year	0.0	Inpatient facility	0.0				
1 year or more	3.8	Other site	0.0				
Total Discharges	26	Total Deaths	24				

**St. Joseph's Hospice**  
 2661 County Highway I  
 Chippewa Falls WI 54729

License Number: 1524  
 County: Chippewa  
 (715) 726-3485

Page 6

Ownership of Hospice: Nonprofit Church  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 11  
 Unduplicated Patient Count for 2000: 107  
 Average Daily Census: 14  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/00	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.9%	Malignant neoplasm		Physician	85.0%	Medicare	81.8%
20 to 54	12.1	(cancer)	77.6%	Hospital	9.3	Medicaid	9.1
55 to 64	10.3	Cardiovascular		Self-referral	0.9	Medicare/Medicaid	0.0
65 to 74	27.1	disease	3.7	Patient's family	0.9	Managed Care/HMO	0.0
75 to 84	34.6	Pulmonary disease	7.5	Home health agency	3.7	PACE/Partnership	9.1
85 to 94	15.0	Renal failure/		Other	0.0	Private Insurance	0.0
95 & over	0.0	kidney disease	2.8	Total Patients	107	Self Pay	0.0
Total Patients	107	Diabetes	0.0			Other	0.0
		Alzheimer's disease	5.6			Caseload	11
Male	50.5%	AIDS	0.0	<b>PATIENT DAYS BY</b>			
Female	49.5	ALS	0.0	<b>LEVEL OF CARE</b>			
Total Patients	107	Other	2.8	Routine home care	97.8%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	107	Continuous care	0.0	Administrators	0.5
<b>TOTAL ADMISSIONS</b>	98			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	2.0	Registered Nurses	5.5
<b>TOTAL DISCHARGES</b>	97	Medicare	72.4%	Respite care	0.2	Lic. Prac. Nurses	0.0
		Medicaid	2.0	Total Patient Days	5,196	Hospice Aides	0.7
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	4.1%	PACE/Partnership	2.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	20.4	Private residence	90.9%	Pathologists	0.0
care provided by		Self Pay	2.0	Nursing home	9.1	Bereavement Counselors	0.4
another hospice	2.1	Other	1.0	Hospice res. fac.	0.0	Social Workers	1.0
Revocation of		Total Admissions	98	Assisted living:		Dietary	0.0
hospice benefit	2.1			Residential care		Other	0.0
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	0.0	Total FTEs	8.1
Deaths	91.8	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	97	Private residence	83.1%	Community-based		* Full-time equivalents	
		Nursing home	10.1	res. facility	0.0		
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	24.7%	Residential care		Caseload	11	hospice in 2000:	36
8 - 14 days	20.6	apt. complex	0.0				
15 - 30 days	19.6	Adult family home	1.1			Total hours of	
31 - 60 days	15.5	Community-based				service provided	
61 - 90 days	8.2	res. facility	0.0			during 2000 by these	
91 - 180 days	9.3	Inpatient facility	5.6			volunteers:	1,915
181 days - 1 year	1.0	Other site	0.0				
1 year or more	1.0	Total Deaths	89				
Total Discharges	97						

Prairie du Chien Hospice  
705 East Taylor Street  
Prairie du Chien WI 53821

License Number: 1513  
County: Crawford  
(608) 357-2000

Page 7

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 11  
Unduplicated Patient Count for 2000: 143  
Average Daily Census: 18  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.7%	Malignant neoplasm		Physician	86.0%	Medicare	100.0%
20 to 54	4.2	(cancer)	65.0%	Hospital	7.7	Medicaid	0.0
55 to 64	10.5	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	21.0	disease	9.1	Patient's family	1.4	Managed Care/HMO	0.0
75 to 84	42.0	Pulmonary disease	7.7	Home health agency	1.4	PACE/Partnership	0.0
85 to 94	19.6	Renal failure/		Other	3.5	Private Insurance	0.0
95 & over	2.1	kidney disease	4.9	Total Patients	143	Self Pay	0.0
Total Patients	143	Diabetes	0.0			Other	0.0
		Alzheimer's disease	2.8			Caseload	11
Male	46.9%	AIDS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Female	53.1	ALS	0.0	Routine home care	91.8%	Administrators	2.0
Total Patients	143	Other	10.5	Continuous care	0.0	Physicians	0.0
		Total Patients	143	Inpatient care: acute		Registered Nurses	3.6
<b>TOTAL ADMISSIONS</b>	123			symptom mgmt	0.4	Lic. Prac. Nurses	0.0
<b>TOTAL DISCHARGES</b>	134	<b>ADMISSIONS BY PAY SOURCE</b>		Respite care	7.8	Hospice Aides	0.4
		Medicare	84.6%	Total Patient Days	6,496	Physical Therapists	0.0
		Medicaid	3.3			Occupational Therapists	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Speech/Language	
Hospice care not		Managed Care/HMO	0.0	Private residence	54.5%	Pathologists	0.0
appropriate	6.0%	PACE/Partnership	0.0	Nursing home	27.3	Bereavement Counselors	0.0
Transferred:		Private Insurance	12.2	Hospice res. fac.	0.0	Social Workers	2.3
care provided by		Self Pay	0.0	Assisted living:		Dietary	0.0
another hospice	0.7	Other	0.0	Residential care		Other	1.0
Revocation of		Total Admissions	123	apt. complex	0.0	Total FTEs	9.3
hospice benefit	11.2			Adult family home	0.0		
Other	0.0	<b>DEATHS BY SITE OF OCCURRENCE</b>		Community-based		* Full-time equivalents	
Deaths	82.1	Private residence	26.4%	res. facility	9.1		
Total Discharges	134	Nursing home	23.6	Inpatient facility	0.0		
		Hospice res. fac.	0.0	Other site	9.1		
<b>DISCHARGES BY LENGTH OF STAY</b>		Assisted living:		Caseload	11		
1 - 7 days	29.1%	Residential care				Volunteers who served	
8 - 14 days	11.9	apt. complex	0.0			patients of the	
15 - 30 days	23.1	Adult family home	0.0			hospice in 2000:	17
31 - 60 days	14.2	Community-based					
61 - 90 days	5.2	res. facility	2.7			Total hours of	
91 - 180 days	10.4	Inpatient facility	42.7			service provided	
181 days - 1 year	5.2	Other site	4.5			during 2000 by these	
1 year or more	0.7	Total Deaths	110			volunteers:	817
Total Discharges	134						

**Hospicecare, Inc.**  
5395 East Cheryl Parkway  
Madison WI 53711

License Number: 1505  
County: Dane  
(608) 276-4660

Page 8

Ownership of Hospice:	Nonprofit Corporation	December 31, 2000 Caseload:	137
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	959
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	137
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	Yes

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.6%	Malignant neoplasm	Physician 46.1%	Medicare 80.3%
20 to 54 12.1	(cancer) 69.6%	Hospital 26.2	Medicaid 2.2
55 to 64 12.2	Cardiovascular	Self-referral 1.3	Medicare/Medicaid 0.7
65 to 74 24.0	disease 8.8	Patient's family 17.0	Managed Care/HMO 8.0
75 to 84 31.3	Pulmonary disease 5.2	Home health agency 2.5	PACE/Partnership 0.0
85 to 94 17.4	Renal failure/	Other 7.0	Private Insurance 5.8
95 & over 2.4	kidney disease 1.0	Total Patients 959	Self Pay 0.7
Total Patients 959	Diabetes 0.1		Other 2.2
	Alzheimer's disease 4.3		Caseload 137
Male 47.8%	AIDS 0.1	<b>PATIENT DAYS BY</b>	
Female 52.2	ALS 1.3	<b>LEVEL OF CARE</b>	
Total Patients 959	Other 9.7	Routine home care 96.5%	<b>STAFFING FTEs*</b>
	Total Patients 959	Continuous care 0.0	Administrators 10.0
<b>TOTAL ADMISSIONS 834</b>		Inpatient care: acute	Physicians 0.0
	<b>ADMISSIONS BY PAY SOURCE</b>	symptom mgmt 2.6	Registered Nurses 35.9
<b>TOTAL DISCHARGES 846</b>	Medicare 66.9%	Respite care 0.9	Lic. Prac. Nurses 5.3
	Medicaid 2.2	Total Patient Days 50,131	Hospice Aides 10.5
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 2.2		Physical Therapists 0.0
Hospice care not appropriate 5.2%	Managed Care/HMO 15.1	<b>CASELOAD ON 12/31/00</b>	Occupational Therapists 0.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Speech/Language
care provided by	Private Insurance 9.5	Private residence 68.6%	Pathologists 0.0
another hospice 0.6	Self Pay 0.7	Nursing home 8.0	Bereavement Counselors 5.3
Revocation of	Other 3.5	Hospice res. fac. 8.0	Social Workers 8.7
hospice benefit 1.7	Total Admissions 834	Assisted living:	Dietary 0.1
Other 3.3		Residential care	Other 30.3
Deaths 89.2	<b>DEATHS BY SITE</b>	apt. complex 0.0	Total FTEs 105.9
Total Discharges 846	<b>OF OCCURRENCE</b>	Adult family home 0.0	
	Private residence 62.8%	Community-based	* Full-time equivalents
	Nursing home 5.3	res. facility 13.9	
<b>DISCHARGES BY</b>	Hospice res. fac. 2.4	Inpatient facility 1.5	Volunteers who served
<b>LENGTH OF STAY</b>	Assisted living:	Other site 0.0	patients of the
1 - 7 days 22.6%	Residential care	Caseload 137	hospice in 2000: 438
8 - 14 days 14.2	apt. complex 0.0		
15 - 30 days 18.6	Adult family home 0.0		
31 - 60 days 16.0	Community-based		
61 - 90 days 7.8	res. facility 11.4		
91 - 180 days 11.2	Inpatient facility 18.1		
181 days - 1 year 6.9	Other site 0.0		
1 year or more 2.8	Total Deaths 755		
Total Discharges 846			Total hours of service provided during 2000 by these volunteers: 21,072

Hillside Home Care/Hospice  
709 South University Avenue  
Beaver Dam WI 53916

License Number: 1518  
County: Dodge  
(920) 887-4050

Page 9

Ownership of Hospice: Private Nonprofit  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 8  
Unduplicated Patient Count for 2000: 85  
Average Daily Census: 9  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	1.2%	Malignant neoplasm		Physician	61.2%	Medicare	75.0%
20 to 54	7.1	(cancer)	77.6%	Hospital	22.4	Medicaid	12.5
55 to 64	14.1	Cardiovascular		Self-referral	1.2	Medicare/Medicaid	0.0
65 to 74	31.8	disease	5.9	Patient's family	10.6	Managed Care/HMO	12.5
75 to 84	34.1	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	11.8	Renal failure/ kidney disease	3.5	Other	4.7	Private Insurance	0.0
95 & over	0.0	Diabetes	0.0	Total Patients	85	Self Pay	0.0
Total Patients	85	Alzheimer's disease	1.2			Other	0.0
Male	57.6%	AIDS	0.0			Caseload	8
Female	42.4	ALS	1.2	<b>PATIENT DAYS BY LEVEL OF CARE</b>			
Total Patients	85	Other	10.6	Routine home care	99.6%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	85	Continuous care	0.0	Administrators	0.5
<b>TOTAL ADMISSIONS</b>	<b>77</b>			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.3	Registered Nurses	1.3
<b>TOTAL DISCHARGES</b>	<b>77</b>	Medicare	75.3%	Respite care	0.1	Lic. Prac. Nurses	0.0
		Medicaid	2.6	Total Patient Days	3,199	Hospice Aides	0.4
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not appropriate	1.3%	Managed Care/HMO	2.6	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Occupational Therapists	0.0
Transferred:		PACE/Partnership	0.0	Private residence	75.0%	Speech/Language	
care provided by		Private Insurance	19.5	Nursing home	12.5	Pathologists	0.0
another hospice	2.6	Self Pay	0.0	Hospice res. fac.	0.0	Bereavement Counselors	0.3
Revocation of		Other	0.0	Assisted living:		Social Workers	0.4
hospice benefit	3.9	Total Admissions	77	Residential care		Dietary	0.0
Other	0.0			apt. complex	0.0	Other	0.0
Deaths	92.2	<b>DEATHS BY SITE OF OCCURRENCE</b>		Adult family home	0.0	Total FTEs	2.8
Total Discharges	77	Private residence	73.2%	Community-based			
		Nursing home	15.5	res. facility	12.5	* Full-time equivalents	
<b>DISCHARGES BY LENGTH OF STAY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
1 - 7 days	23.4%	Assisted living:		Other site	0.0	patients of the	
8 - 14 days	15.6	Residential care		Caseload	8	hospice in 2000:	24
15 - 30 days	23.4	apt. complex	0.0				
31 - 60 days	15.6	Adult family home	0.0			Total hours of	
61 - 90 days	9.1	Community-based				service provided	
91 - 180 days	5.2	res. facility	7.0			during 2000 by these	
181 days - 1 year	6.5	Inpatient facility	4.2			volunteers:	1,367
1 year or more	1.3	Other site	0.0				
Total Discharges	77	Total Deaths	71				



VNA of Wisconsin Hospice - Sturgeon Bay  
945 Egg Harbor Road  
Sturgeon Bay WI 54235

License Number:  
County:  
(920) 743-8844

2004  
Door

Page 10

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 2  
Unduplicated Patient Count for 2000: 21  
Average Daily Census: 2  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/00	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	4.8%	Malignant neoplasm		Physician	14.3%	Medicare	100.0%
20 to 54	9.5	(cancer)	61.9%	Hospital	42.9	Medicaid	0.0
55 to 64	14.3	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	23.8	disease	14.3	Patient's family	19.0	Managed Care/HMO	0.0
75 to 84	28.6	Pulmonary disease	9.5	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	19.0	Renal failure/		Other	23.8	Private Insurance	0.0
95 & over	0.0	kidney disease	9.5	Total Patients	21	Self Pay	0.0
Total Patients	21	Diabetes	0.0			Other	0.0
		Alzheimer's disease	4.8			Caseload	2
Male	71.4%	AIDS	0.0	<b>PATIENT DAYS BY</b>			
Female	28.6	ALS	0.0	<b>LEVEL OF CARE</b>			
Total Patients	21	Other	0.0	Routine home care	96.6%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	21	Continuous care	0.0	Administrators	1.0
<b>TOTAL ADMISSIONS</b>	21			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	3.4	Registered Nurses	2.5
<b>TOTAL DISCHARGES</b>	19	Medicare	76.2%	Respite care	0.0	Lic. Prac. Nurses	0.0
		Medicaid	0.0	Total Patient Days	409	Hospice Aides	5.5
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	23.8	Private residence	100.0%	Pathologists	0.0
care provided by		Self Pay	0.0	Nursing home	0.0	Bereavement Counselors	0.1
another hospice	0.0	Other	0.0	Hospice res. fac.	0.0	Social Workers	0.4
Revocation of		Total Admissions	21	Assisted living:		Dietary	0.1
hospice benefit	0.0			Residential care		Other	0.0
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	0.0	Total FTEs	9.5
Deaths	100.0	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	19	Private residence	57.9%	Community-based		* Full-time equivalents	
		Nursing home	0.0	res. facility	0.0		
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	42.1%	Residential care		Caseload	2	hospice in 2000:	9
8 - 14 days	5.3	apt. complex	0.0				
15 - 30 days	36.8	Adult family home	0.0			Total hours of	
31 - 60 days	10.5	Community-based				service provided	
61 - 90 days	5.3	res. facility	26.3			during 2000 by these	
91 - 180 days	0.0	Inpatient facility	15.8			volunteers:	147
181 days - 1 year	0.0	Other site	0.0				
1 year or more	0.0	Total Deaths	19				
Total Discharges	19						

**Northwest Wisconsin Homecare Hospice**  
 2620 Stein Boulevard, Box 2060  
 Eau Claire WI 54702

License Number: 1519  
 County: Eau Claire  
 (715) 831-0100

Page 11

Ownership of Hospice: Private Nonprofit  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 28  
 Unduplicated Patient Count for 2000: 186  
 Average Daily Census: 21  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/00	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	1.1%	Malignant neoplasm		Physician	30.1%	Medicare	85.7%
20 to 54	4.3	(cancer)	66.7%	Hospital	29.0	Medicaid	3.6
55 to 64	7.0	Cardiovascular		Self-referral	9.1	Medicare/Medicaid	0.0
65 to 74	29.6	disease	12.4	Patient's family	17.7	Managed Care/HMO	0.0
75 to 84	39.2	Pulmonary disease	5.4	Home health agency	1.1	PACE/Partnership	0.0
85 to 94	17.7	Renal failure/		Other	12.9	Private Insurance	10.7
95 & over	1.1	kidney disease	3.8	Total Patients	186	Self Pay	0.0
Total Patients	186	Diabetes	0.0			Other	0.0
		Alzheimer's disease	4.8			Caseload	28
Male	51.6%	AIDS	0.0	<b>PATIENT DAYS BY</b>			
Female	48.4	ALS	0.5	<b>LEVEL OF CARE</b>			
Total Patients	186	Other	6.5	Routine home care	99.3%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	186	Continuous care	0.1	Administrators	2.2
<b>TOTAL ADMISSIONS</b>	166			Inpatient care: acute		Physicians	0.1
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.4	Registered Nurses	3.2
<b>TOTAL DISCHARGES</b>	158	Medicare	84.3%	Respite care	0.1	Lic. Prac. Nurses	0.0
		Medicaid	2.4	Total Patient Days	7,690	Hospice Aides	1.3
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	1.9%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	12.7	Private residence	75.0%	Pathologists	0.0
care provided by		Self Pay	0.6	Nursing home	17.9	Bereavement Counselors	2.1
another hospice	4.4	Other	0.0	Hospice res. fac.	0.0	Social Workers	2.1
Revocation of		Total Admissions	166	Assisted living:		Dietary	0.0
hospice benefit	4.4			Residential care		Other	3.7
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	3.6	Total FTEs	14.7
Deaths	89.2	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	158	Private residence	80.1%	Community-based		* Full-time equivalents	
		Nursing home	17.7	res. facility	3.6		
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	25.3%	Residential care		Caseload	28	hospice in 2000:	61
8 - 14 days	19.0	apt. complex	0.7				
15 - 30 days	20.3	Adult family home	0.7			Total hours of	
31 - 60 days	14.6	Community-based				service provided	
61 - 90 days	9.5	res. facility	0.0			during 2000 by these	
91 - 180 days	7.0	Inpatient facility	0.7			volunteers:	995
181 days - 1 year	3.8	Other site	0.0				
1 year or more	0.6	Total Deaths	141				
Total Discharges	158						

**St. Agnes Hospital Hospice Hope**  
 239 Trowbridge, Box 385  
 Fond du Lac WI 54936

License Number: 1512  
 County: Fond du Lac  
 (920) 923-7950

Page 12

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2000 Caseload:	100
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	451
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	48
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT	COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT	COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT	COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.4%	Malignant neoplasm		Physician	29.7%	Medicare	80.0%
20 to 54	7.5	(cancer)	69.2%	Hospital	34.8	Medicaid	4.0
55 to 64	14.9	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	22.0	disease	9.1	Patient's family	10.2	Managed Care/HMO	0.0
75 to 84	31.9	Pulmonary disease	0.7	Home health agency	5.3	PACE/Partnership	0.0
85 to 94	20.4	Renal failure/		Other	20.0	Private Insurance	14.0
95 & over	2.9	kidney disease	0.9	Total Patients	451	Self Pay	2.0
Total Patients	451	Diabetes	0.0			Other	0.0
		Alzheimer's disease	2.7			Caseload	100
Male	55.0%	AIDS	0.0	<b>PATIENT DAYS BY</b>			
Female	45.0	ALS	0.7	<b>LEVEL OF CARE</b>			
Total Patients	451	Other	16.9	Routine home care	99.8%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	451	Continuous care	0.0	Administrators	1.0
<b>TOTAL ADMISSIONS</b>	428			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.1	Registered Nurses	11.4
<b>TOTAL DISCHARGES</b>	363	Medicare	78.5%	Respite care	0.1	Lic. Prac. Nurses	0.0
		Medicaid	2.3	Total Patient Days	17,411	Hospice Aides	10.4
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	3.9%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	17.5	Private residence	59.0%	Pathologists	0.0
care provided by		Self Pay	1.6	Nursing home	22.0	Bereavement Counselors	0.0
another hospice	1.9	Other	0.0	Hospice res. fac.	12.0	Social Workers	1.7
Revocation of		Total Admissions	428	Assisted living:		Dietary	0.0
hospice benefit	1.4			Residential care		Other	3.6
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	2.0	Total FTEs	28.1
Deaths	92.8	<b>OF OCCURRENCE</b>		Adult family home	3.0		
Total Discharges	363	Private residence	57.0%	Community-based		* Full-time equivalents	
		Nursing home	21.1	res. facility	2.0		
<b>DISCHARGES BY</b>		Hospice res. fac.	14.2	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	28.9%	Residential care		Caseload	100	hospice in 2000:	220
8 - 14 days	17.4	apt. complex	0.0				
15 - 30 days	14.6	Adult family home	0.0			Total hours of	
31 - 60 days	17.6	Community-based				service provided	
61 - 90 days	8.3	res. facility	7.7			during 2000 by these	
91 - 180 days	10.5	Inpatient facility	0.0			volunteers:	8,065
181 days - 1 year	2.5	Other site	0.0				
1 year or more	0.3	Total Deaths	337				
Total Discharges	363						

**Grant County Hospice**  
111 South Jefferson Street  
Lancaster WI 53813

License Number: 516  
County: Grant  
(608) 723-6416

Page 13

Ownership of Hospice: Governmental County  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 1  
Unduplicated Patient Count for 2000: 43  
Average Daily Census: 5  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	9.3%	Medicare	100.0%
20 to 54	14.0	(cancer)	81.4%	Hospital	20.9	Medicaid	0.0
55 to 64	11.6	Cardiovascular		Self-referral	18.6	Medicare/Medicaid	0.0
65 to 74	18.6	disease	4.7	Patient's family	20.9	Managed Care/HMO	0.0
75 to 84	30.2	Pulmonary disease	0.0	Home health agency	4.7	PACE/Partnership	0.0
85 to 94	25.6	Renal failure/		Other	25.6	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Total Patients	43	Self Pay	0.0
Total Patients	43	Diabetes	0.0			Other	0.0
		Alzheimer's disease	2.3			Caseload	1
Male	53.5%	AIDS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Female	46.5	ALS	0.0	Routine home care	98.0%	Administrators	1.0
Total Patients	43	Other	11.6	Continuous care	0.0	Physicians	0.1
<b>TOTAL ADMISSIONS</b>	<b>40</b>	Total Patients	<b>43</b>	Inpatient care: acute		Registered Nurses	0.6
<b>TOTAL DISCHARGES</b>	<b>43</b>	<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.6	Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare	77.5%	Respite care	1.3	Hospice Aides	0.1
Hospice care not		Medicaid	2.5	Total Patient Days	1,895	Physical Therapists	0.0
appropriate	2.3%	Medicare/Medicaid	0.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Occupational Therapists	0.0
Transferred:		Managed Care/HMO	7.5	Private residence	0.0%	Speech/Language	
care provided by		PACE/Partnership	0.0	Nursing home	100.0	Pathologists	0.0
another hospice	4.7	Private Insurance	12.5	Hospice res. fac.	0.0	Bereavement Counselors	0.5
Revocation of		Self Pay	0.0	Assisted living:		Social Workers	0.8
hospice benefit	0.0	Other	0.0	Residential care		Dietary	0.1
Other	2.3	Total Admissions	40	apt. complex	0.0	Other	0.0
Deaths	90.7	<b>DEATHS BY SITE OF OCCURRENCE</b>		Adult family home	0.0	Total FTEs	3.2
Total Discharges	43	Private residence	48.7%	Community-based		* Full-time equivalents	
<b>DISCHARGES BY LENGTH OF STAY</b>		Nursing home	35.9	res. facility	0.0	Volunteers who served	
1 - 7 days	30.2%	Hospice res. fac.	0.0	Inpatient facility	0.0	patients of the	
8 - 14 days	20.9	Assisted living:		Other site	0.0	hospice in 2000:	
15 - 30 days	16.3	Residential care		Caseload	1	Total hours of	
31 - 60 days	14.0	apt. complex	0.0			service provided	
61 - 90 days	2.3	Adult family home	0.0			during 2000 by these	
91 - 180 days	9.3	Community-based				volunteers:	
181 days - 1 year	4.7	res. facility	0.0			1,131	
1 year or more	2.3	Inpatient facility	15.4				
Total Discharges	43	Other site	0.0				
		Total Deaths	39				

**The Monroe Clinic Hospice**  
 515 22nd Avenue  
 Monroe WI 53566

License Number: 1523  
 County: Green  
 (608) 324-1230

Page 14

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 11  
 Unduplicated Patient Count for 2000: 105  
 Average Daily Census: 13  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	1.0%	Malignant neoplasm		Physician	82.9%	Medicare	90.9%
20 to 54	5.7	(cancer)	54.3%	Hospital	4.8	Medicaid	0.0
55 to 64	6.7	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	21.0	disease	10.5	Patient's family	2.9	Managed Care/HMO	0.0
75 to 84	40.0	Pulmonary disease	15.2	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	22.9	Renal failure/ kidney disease	1.0	Other	9.5	Private Insurance	9.1
95 & over	2.9	Diabetes	0.0	Total Patients	105	Self Pay	0.0
Total Patients	105	Alzheimer's disease	13.3			Other	0.0
Male	48.6%	AIDS	0.0			Caseload	11
Female	51.4	ALS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Total Patients	105	Other	5.7	Routine home care	97.8%	Administrators	1.0
<b>TOTAL ADMISSIONS</b>	92	Total Patients	105	Continuous care	0.0	Physicians	0.0
<b>TOTAL DISCHARGES</b>	99	<b>ADMISSIONS BY PAY SOURCE</b>		Inpatient care: acute symptom mgmt	0.2	Registered Nurses	3.9
<b>REASON FOR DISCHARGE</b>		Medicare	87.0%	Respite care	2.0	Lic. Prac. Nurses	0.0
Hospice care not appropriate	20.2%	Medicaid	2.2	Total Patient Days	4,722	Hospice Aides	0.3
Transferred: care provided by another hospice	0.0	Medicare/Medicaid	0.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Physical Therapists	0.0
Revocation of hospice benefit	2.0	Managed Care/HMO	0.0	Private residence	36.4%	Occupational Therapists	0.0
Other	0.0	PACE/Partnership	0.0	Nursing home	27.3	Speech/Language Pathologists	0.0
Deaths	77.8	Private Insurance	10.9	Hospice res. fac.	0.0	Bereavement Counselors	0.2
Total Discharges	99	Self Pay	0.0	Assisted living: Residential care		Social Workers	1.7
<b>DISCHARGES BY LENGTH OF STAY</b>		Other	0.0	apt. complex	0.0	Dietary	0.1
1 - 7 days	20.2%	Total Admissions	92	Adult family home	0.0	Other	2.0
8 - 14 days	18.2	<b>DEATHS BY SITE OF OCCURRENCE</b>		Community-based res. facility	36.4	Total FTEs	9.0
15 - 30 days	18.2	Private residence	54.5%	Inpatient facility	0.0	* Full-time equivalents	
31 - 60 days	17.2	Nursing home	28.6	Other site	0.0	Volunteers who served patients of the hospice in 2000:	32
61 - 90 days	16.2	Hospice res. fac.	0.0	Caseload	11	Total hours of service provided during 2000 by these volunteers:	1,928
91 - 180 days	8.1	Assisted living: Residential care					
181 days - 1 year	2.0	apt. complex	0.0				
1 year or more	0.0	Adult family home	0.0				
Total Discharges	99	Community-based res. facility	5.2				
		Inpatient facility	11.7				
		Other site	0.0				
		Total Deaths	77				

**Lifeline Community Hospice**  
825 South Iowa Street  
Dodgeville WI 53533

License Number: 545  
County: Iowa  
(608) 935-2411

Page 15

Ownership of Hospice: Private Nonprofit  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 10  
Unduplicated Patient Count for 2000: 69  
Average Daily Census: 9  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	82.6%	Medicare	90.0%
20 to 54	11.6	(cancer)	73.9%	Hospital	0.0	Medicaid	0.0
55 to 64	14.5	Cardiovascular		Self-referral	2.9	Medicare/Medicaid	0.0
65 to 74	21.7	disease	7.2	Patient's family	5.8	Managed Care/HMO	0.0
75 to 84	36.2	Pulmonary disease	1.4	Home health agency	4.3	PACE/Partnership	0.0
85 to 94	15.9	Renal failure/ kidney disease	7.2	Other	4.3	Private Insurance	10.0
95 & over	0.0	Diabetes	0.0	Total Patients	69	Self Pay	0.0
Total Patients	69	Alzheimer's disease	0.0			Other	0.0
Male	50.7%	AIDS	0.0			Caseload	10
Female	49.3	ALS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>			
Total Patients	69	Other	10.1	Routine home care	96.6%	<b>STAFFING FTEs*</b>	
		Total Patients	69	Continuous care	0.0	Administrators	0.5
<b>TOTAL ADMISSIONS</b>	62			Inpatient care: acute symptom mgmt	0.3	Physicians	0.0
<b>TOTAL DISCHARGES</b>	62	<b>ADMISSIONS BY PAY SOURCE</b>		Respite care	3.1	Registered Nurses	2.0
		Medicare	74.2%	Total Patient Days	3,163	Lic. Prac. Nurses	0.0
		Medicaid	8.1			Hospice Aides	0.5
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Physical Therapists	0.0
Hospice care not appropriate	1.6%	Managed Care/HMO	4.8	Private residence	100.0%	Occupational Therapists	0.0
Transferred:		PACE/Partnership	0.0	Nursing home	0.0	Speech/Language Pathologists	0.0
care provided by another hospice	1.6	Private Insurance	11.3	Hospice res. fac.	0.0	Bereavement Counselors	0.3
Revocation of hospice benefit	8.1	Self Pay	0.0	Assisted living:		Social Workers	0.2
Other	0.0	Other	1.6	Residential care		Dietary	0.0
Deaths	88.7	Total Admissions	62	apt. complex	0.0	Other	1.0
Total Discharges	62	<b>DEATHS BY SITE OF OCCURRENCE</b>		Adult family home	0.0	Total FTEs	4.5
		Private residence	60.0%	Community-based		* Full-time equivalents	
		Nursing home	10.9	res. facility	0.0		
		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served patients of the hospice in 2000:	33
<b>DISCHARGES BY LENGTH OF STAY</b>		Assisted living:		Other site	0.0		
1 - 7 days	21.0%	Residential care		Caseload	10	Total hours of service provided during 2000 by these volunteers:	1,529
8 - 14 days	12.9	apt. complex	0.0				
15 - 30 days	22.6	Adult family home	0.0				
31 - 60 days	16.1	Community-based					
61 - 90 days	12.9	res. facility	3.6				
91 - 180 days	4.8	Inpatient facility	25.5				
181 days - 1 year	6.5	Other site	0.0				
1 year or more	3.2	Total Deaths	55				
Total Discharges	62						

**Rainbow Hospice Care, Inc.**  
147 West Rockwell Street  
Jefferson WI 53549

License Number: 508  
County: Jefferson  
(920) 674-6255

Page 16

Ownership of Hospice: Private Nonprofit  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 16  
Unduplicated Patient Count for 2000: 164  
Average Daily Census: 20  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.6%	Malignant neoplasm		Physician	33.5%	Medicare	75.0%
20 to 54	12.8	(cancer)	68.9%	Hospital	20.1	Medicaid	0.0
55 to 64	9.8	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	18.8
65 to 74	25.0	disease	7.3	Patient's family	18.9	Managed Care/HMO	0.0
75 to 84	33.5	Pulmonary disease	0.0	Home health agency	5.5	PACE/Partnership	0.0
85 to 94	17.7	Renal failure/		Other	22.0	Private Insurance	6.3
95 & over	0.6	kidney disease	0.0	Total Patients	164	Self Pay	0.0
Total Patients	164	Diabetes	0.0			Other	0.0
		Alzheimer's disease	4.3			Caseload	16
Male	54.9%	AIDS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Female	45.1	ALS	0.0	Routine home care	98.0%	Administrators	1.0
Total Patients	164	Other	19.5	Continuous care	0.0	Physicians	0.0
<b>TOTAL ADMISSIONS</b>	153	Total Patients	164	Inpatient care: acute		Registered Nurses	6.6
<b>TOTAL DISCHARGES</b>	155	<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.6	Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare	71.2%	Respite care	1.4	Hospice Aides	1.5
Hospice care not appropriate	5.2%	Medicaid	3.3	Total Patient Days	7,221	Physical Therapists	0.0
Transferred:		Medicare/Medicaid	4.6	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Occupational Therapists	0.0
care provided by		Managed Care/HMO	0.0	Private residence	81.3%	Speech/Language	
another hospice	1.9	PACE/Partnership	0.0	Nursing home	12.5	Pathologists	0.0
Revocation of		Private Insurance	20.3	Hospice res. fac.	0.0	Bereavement Counselors	0.8
hospice benefit	8.4	Self Pay	0.0	Assisted living:		Social Workers	1.6
Other	0.0	Other	0.7	Residential care		Dietary	0.0
Deaths	84.5	Total Admissions	153	apt. complex	0.0	Other	0.3
Total Discharges	155	<b>DEATHS BY SITE OF OCCURRENCE</b>		Adult family home	0.0	Total FTEs	11.7
<b>DISCHARGES BY LENGTH OF STAY</b>		Private residence	70.2%	Community-based		* Full-time equivalents	
1 - 7 days	16.1%	Nursing home	13.0	res. facility	6.3	Volunteers who served	
8 - 14 days	13.5	Hospice res. fac.	0.0	Inpatient facility	0.0	patients of the	
15 - 30 days	23.2	Assisted living:		Other site	0.0	hospice in 2000:	
31 - 60 days	20.6	Residential care		Caseload	16	Total hours of	
61 - 90 days	12.3	apt. complex	0.0			service provided	
91 - 180 days	9.7	Adult family home	0.0			during 2000 by these	
181 days - 1 year	3.9	Community-based				volunteers:	
1 year or more	0.6	res. facility	12.2			889	
Total Discharges	155	Inpatient facility	3.8				
		Other site	0.8				
		Total Deaths	131				

**Hospice Alliance, Inc.**  
600 52nd Street, Suite 300  
Kenosha WI 53140

License Number: 1502  
County: Kenosha  
(262) 652-4400

Page 17

Ownership of Hospice:	Nonprofit Corporation	December 31, 2000 Caseload:	40
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	326
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	42
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm	Physician 25.2%	Medicare 87.5%
20 to 54 4.3	(cancer) 54.9%	Hospital 31.9	Medicaid 0.0
55 to 64 8.3	Cardiovascular	Self-referral 0.9	Medicare/Medicaid 0.0
65 to 74 15.3	disease 14.7	Patient's family 25.5	Managed Care/HMO 0.0
75 to 84 30.1	Pulmonary disease 11.7	Home health agency 16.6	PACE/Partnership 0.0
85 to 94 39.3	Renal failure/	Other 0.0	Private Insurance 12.5
95 & over 2.8	kidney disease 6.1	Total Patients 326	Self Pay 0.0
Total Patients 326	Diabetes 0.0		Other 0.0
	Alzheimer's disease 3.1		Caseload 40
Male 48.2%	AIDS 0.6	<b>PATIENT DAYS BY</b>	
Female 51.8	ALS 1.2	<b>LEVEL OF CARE</b>	
Total Patients 326	Other 7.7	Routine home care 99.6%	<b>STAFFING FTEs*</b>
<b>TOTAL ADMISSIONS 300</b>	Total Patients 326	Continuous care 0.0	Administrators 1.0
	<b>ADMISSIONS BY PAY SOURCE</b>	Inpatient care: acute	Physicians 0.0
<b>TOTAL DISCHARGES 296</b>	Medicare 81.3%	symptom mgmt 0.3	Registered Nurses 8.4
	Medicaid 3.3	Respite care 0.1	Lic. Prac. Nurses 0.3
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0	Total Patient Days 15,276	Hospice Aides 5.9
Hospice care not appropriate 5.4%	Managed Care/HMO 0.0	<b>CASELOAD ON 12/31/00</b>	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Occupational Therapists 0.0
care provided by	Private Insurance 14.0	Private residence 77.5%	Speech/Language
another hospice 0.3	Self Pay 1.3	Nursing home 10.0	Pathologists 0.0
Revocation of	Other 0.0	Hospice res. fac. 0.0	Bereavement Counselors 0.5
hospice benefit 0.3	Total Admissions 300	Assisted living:	Social Workers 1.0
Other 0.0	<b>DEATHS BY SITE</b>	Residential care	Dietary 0.0
Deaths 93.9	<b>OF OCCURRENCE</b>	apt. complex 12.5	Other 5.0
Total Discharges 296	Private residence 74.8%	Adult family home 0.0	Total FTEs 22.0
	Nursing home 24.5	Community-based	* Full-time equivalents
<b>DISCHARGES BY</b>	Hospice res. fac. 0.0	res. facility 0.0	
<b>LENGTH OF STAY</b>	Assisted living:	Inpatient facility 0.0	Volunteers who served
1 - 7 days 30.1%	Residential care	Other site 0.0	patients of the
8 - 14 days 13.9	apt. complex 0.7	Caseload 40	hospice in 2000: 725
15 - 30 days 11.5	Adult family home 0.0		
31 - 60 days 11.8	Community-based		
61 - 90 days 15.5	res. facility 0.0		
91 - 180 days 12.8	Inpatient facility 0.0		
181 days - 1 year 4.4	Other site 0.0		
1 year or more 0.0	Total Deaths 278		
Total Discharges 296			Total hours of service provided during 2000 by these volunteers: 2,680



**Franciscan Skemp Hospital Service**  
 212 South 11th Street  
 La Crosse WI 54601

License Number: 1507  
 County: La Crosse  
 (608) 791-9790

Page 18

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2000 Caseload:	18
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	139
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	20
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm	Physician 49.6%	Medicare 77.8%
20 to 54 9.4	(cancer) 64.7%	Hospital 18.0	Medicaid 0.0
55 to 64 14.4	Cardiovascular	Self-referral 4.3	Medicare/Medicaid 5.6
65 to 74 21.6	disease 14.4	Patient's family 3.6	Managed Care/HMO 0.0
75 to 84 27.3	Pulmonary disease 7.9	Home health agency 3.6	PACE/Partnership 0.0
85 to 94 23.0	Renal failure/	Other 20.9	Private Insurance 16.7
95 & over 4.3	kidney disease 3.6	Total Patients 139	Self Pay 0.0
Total Patients 139	Diabetes 0.0		Other 0.0
	Alzheimer's disease 0.0		Caseload 18
Male 54.7%	AIDS 0.7	<b>PATIENT DAYS BY</b>	
Female 45.3	ALS 0.0	<b>LEVEL OF CARE</b>	
Total Patients 139	Other 8.6	Routine home care 97.6%	<b>STAFFING FTEs*</b>
	Total Patients 139	Continuous care 0.0	Administrators 1.0
<b>TOTAL ADMISSIONS 128</b>		Inpatient care: acute	Physicians 0.1
	<b>ADMISSIONS BY PAY SOURCE</b>	symptom mgmt 0.8	Registered Nurses 3.3
<b>TOTAL DISCHARGES 122</b>	Medicare 75.0%	Respite care 1.6	Lic. Prac. Nurses 0.0
	Medicaid 5.5	Total Patient Days 7,420	Hospice Aides 1.0
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0		Physical Therapists 0.0
Hospice care not appropriate 3.3%	Managed Care/HMO 0.8	<b>CASELOAD ON 12/31/00</b>	Occupational Therapists 0.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Speech/Language
care provided by	Private Insurance 18.0	Private residence 94.4%	Pathologists 0.0
another hospice 0.0	Self Pay 0.8	Nursing home 0.0	Bereavement Counselors 0.5
Revocation of	Other 0.0	Hospice res. fac. 0.0	Social Workers 1.0
hospice benefit 2.5	Total Admissions 128	Assisted living:	Dietary 0.5
Other 0.0		Residential care	Other 1.0
Deaths 94.3	<b>DEATHS BY SITE</b>	apt. complex 5.6	Total FTEs 8.3
Total Discharges 122	<b>OF OCCURRENCE</b>	Adult family home 0.0	
	Private residence 48.7%	Community-based	* Full-time equivalents
	Nursing home 42.6	res. facility 0.0	
	Hospice res. fac. 0.0	Inpatient facility 0.0	Volunteers who served
<b>DISCHARGES BY</b>	Assisted living:	Other site 0.0	patients of the
<b>LENGTH OF STAY</b>	Residential care	Caseload 18	hospice in 2000: 19
1 - 7 days 21.3%	apt. complex 1.7		
8 - 14 days 15.6	Adult family home 0.9		
15 - 30 days 21.3	Community-based		
31 - 60 days 13.1	res. facility 0.0		
61 - 90 days 8.2	Inpatient facility 6.1		
91 - 180 days 11.5	Other site 0.0		
181 days - 1 year 7.4	Total Deaths 115		
1 year or more 1.6			
Total Discharges 122			Total hours of service provided during 2000 by these volunteers: 531

**Gunderson Lutheran Hospice Program**  
811 Monitor Street, Suite 101  
La Crosse WI 54603

License Number: 528  
County: La Crosse  
(608) 791-8400

Page 19

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 12  
Unduplicated Patient Count for 2000: 204  
Average Daily Census: 22  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	15.2%	Medicare	91.7%
20 to 54	10.3	(cancer)	65.2%	Hospital	32.4	Medicaid	0.0
55 to 64	14.2	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	21.1	disease	10.8	Patient's family	2.9	Managed Care/HMO	0.0
75 to 84	33.8	Pulmonary disease	7.4	Home health agency	5.9	PACE/Partnership	0.0
85 to 94	17.6	Renal failure/ kidney disease	2.0	Other	43.6	Private Insurance	8.3
95 & over	2.9	Diabetes	0.0	Total Patients	204	Self Pay	0.0
Total Patients	204	Alzheimer's disease	0.5			Other	0.0
Male	47.1%	AIDS	0.0			Caseload	12
Female	52.9	ALS	0.5	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Total Patients	204	Other	13.7	Routine home care	99.3%	Administrators	1.0
<b>TOTAL ADMISSIONS</b>	178	Total Patients	204	Continuous care	0.0	Physicians	0.0
<b>TOTAL DISCHARGES</b>	194	<b>ADMISSIONS BY PAY SOURCE</b>		Inpatient care: acute symptom mgmt	0.1	Registered Nurses	6.3
<b>REASON FOR DISCHARGE</b>		Medicare	74.2%	Respite care	0.6	Lic. Prac. Nurses	0.0
Hospice care not appropriate	3.6%	Medicaid	2.8	Total Patient Days	8,125	Hospice Aides	1.0
Transferred: care provided by another hospice	2.1	Medicare/Medicaid	5.6	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Physical Therapists	0.0
Revocation of hospice benefit	4.1	Managed Care/HMO	0.0	Private residence	91.7%	Occupational Therapists	0.0
Other	0.0	PACE/Partnership	0.0	Nursing home	8.3	Speech/Language Pathologists	0.0
Deaths	90.2	Private Insurance	17.4	Hospice res. fac.	0.0	Bereavement Counselors	0.5
Total Discharges	194	Self Pay	0.0	Assisted living: Residential care		Social Workers	1.7
<b>DISCHARGES BY LENGTH OF STAY</b>		Other	0.0	apt. complex	0.0	Dietary	0.0
1 - 7 days	24.7%	Total Admissions	178	Adult family home	0.0	Other	0.7
8 - 14 days	19.6	<b>DEATHS BY SITE OF OCCURRENCE</b>		Community-based res. facility	0.0	Total FTEs	11.3
15 - 30 days	17.0	Private residence	72.0%	Inpatient facility	0.0	* Full-time equivalents	
31 - 60 days	18.0	Nursing home	24.6	Other site	0.0	Volunteers who served patients of the hospice in 2000:	55
61 - 90 days	7.2	Hospice res. fac.	0.0	Caseload	12	Total hours of service provided during 2000 by these volunteers:	1,187
91 - 180 days	8.8	Assisted living: Residential care					
181 days - 1 year	3.6	apt. complex	0.0				
1 year or more	1.0	Adult family home	0.0				
Total Discharges	194	Community-based res. facility	0.0				
		Inpatient facility	3.4				
		Other site	0.0				
		Total Deaths	175				

**Lafayette County Hospice**  
729 Clay Street, PO Box 118  
Darlington WI 53530

License Number: 538  
County: Lafayette  
(608) 776-4895

Page 20

Ownership of Hospice: Governmental County  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 1  
Unduplicated Patient Count for 2000: 18  
Average Daily Census: 2  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	22.2%	Medicare	100.0%
20 to 54	0.0	(cancer)	44.4%	Hospital	33.3	Medicaid	0.0
55 to 64	5.6	Cardiovascular		Self-referral	11.1	Medicare/Medicaid	0.0
65 to 74	27.8	disease	16.7	Patient's family	16.7	Managed Care/HMO	0.0
75 to 84	33.3	Pulmonary disease	5.6	Home health agency	11.1	PACE/Partnership	0.0
85 to 94	33.3	Renal failure/ kidney disease	11.1	Other	5.6	Private Insurance	0.0
95 & over	0.0	Diabetes	0.0	Total Patients	18	Self Pay	0.0
Total Patients	18	Alzheimer's disease	16.7			Other	0.0
Male	50.0%	AIDS	0.0			Caseload	1
Female	50.0	ALS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Total Patients	18	Other	5.6	Routine home care	96.6%	Administrators	0.1
<b>TOTAL ADMISSIONS</b>	15	Total Patients	18	Continuous care	0.0	Physicians	0.0
<b>TOTAL DISCHARGES</b>	17	<b>ADMISSIONS BY PAY SOURCE</b>		Inpatient care: acute symptom mgmt	0.9	Registered Nurses	0.8
<b>REASON FOR DISCHARGE</b>		Medicare	80.0%	Respite care	2.5	Lic. Prac. Nurses	0.0
Hospice care not appropriate	0.0%	Medicaid	6.7	Total Patient Days	674	Hospice Aides	0.0
Transferred: care provided by another hospice	0.0	Medicare/Medicaid	13.3	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Physical Therapists	0.0
Revocation of hospice benefit	0.0	Managed Care/HMO	0.0	Private residence	0.0%	Occupational Therapists	0.0
Other	0.0	PACE/Partnership	0.0	Nursing home	100.0	Speech/Language Pathologists	0.0
Deaths	100.0	Private Insurance	0.0	Hospice res. fac.	0.0	Bereavement Counselors	0.1
Total Discharges	17	Self Pay	0.0	Assisted living: Residential care		Social Workers	0.0
<b>DISCHARGES BY LENGTH OF STAY</b>		Other	0.0	apt. complex	0.0	Dietary	0.0
1 - 7 days	52.9%	Total Admissions	15	Adult family home	0.0	Other	0.0
8 - 14 days	11.8	<b>DEATHS BY SITE OF OCCURRENCE</b>		Community-based res. facility	0.0	Total FTEs	1.0
15 - 30 days	5.9	Private residence	47.1%	Inpatient facility	0.0	* Full-time equivalents	
31 - 60 days	5.9	Nursing home	11.8	Other site	0.0	Volunteers who served patients of the hospice in 2000:	9
61 - 90 days	0.0	Hospice res. fac.	0.0	Caseload	1	Total hours of service provided during 2000 by these volunteers:	182
91 - 180 days	17.6	Assisted living: Residential care					
181 days - 1 year	0.0	apt. complex	0.0				
1 year or more	5.9	Adult family home	0.0				
Total Discharges	17	Community-based res. facility	11.8				
		Inpatient facility	29.4				
		Other site	0.0				
		Total Deaths	17				

**Le Royer Hospice**  
112 East Fifth Avenue  
Antigo WI 54409

License Number: 524  
County: Langlade  
(715) 623-2331

Page 21

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2000 Caseload:	9
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	69
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	12
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm	Physician 58.0%	Medicare 100.0%
20 to 54 1.4	(cancer) 68.1%	Hospital 14.5	Medicaid 0.0
55 to 64 10.1	Cardiovascular	Self-referral 1.4	Medicare/Medicaid 0.0
65 to 74 31.9	disease 20.3	Patient's family 24.6	Managed Care/HMO 0.0
75 to 84 31.9	Pulmonary disease 7.2	Home health agency 0.0	PACE/Partnership 0.0
85 to 94 20.3	Renal failure/	Other 1.4	Private Insurance 0.0
95 & over 4.3	kidney disease 2.9	Total Patients 69	Self Pay 0.0
Total Patients 69	Diabetes 0.0		Other 0.0
	Alzheimer's disease 0.0		Caseload 9
Male 49.3%	AIDS 0.0	<b>PATIENT DAYS BY</b>	
Female 50.7	ALS 0.0	<b>LEVEL OF CARE</b>	
Total Patients 69	Other 1.4	Routine home care 96.3%	<b>STAFFING FTEs*</b>
<b>TOTAL ADMISSIONS 69</b>	Total Patients 69	Continuous care 0.0	Administrators 1.0
	<b>ADMISSIONS BY PAY SOURCE</b>	Inpatient care: acute	Physicians 0.3
<b>TOTAL DISCHARGES 69</b>	Medicare 92.8%	symptom mgmt 2.7	Registered Nurses 4.4
	Medicaid 4.3	Respite care 1.0	Lic. Prac. Nurses 0.0
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0	Total Patient Days 4,391	Hospice Aides 0.3
Hospice care not appropriate 0.0%	Managed Care/HMO 0.0	<b>CASELOAD ON 12/31/00</b>	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Occupational Therapists 0.0
care provided by	Private Insurance 1.4	Private residence 66.7%	Speech/Language
another hospice 0.0	Self Pay 0.0	Nursing home 0.0	Pathologists 0.0
Revocation of	Other 1.4	Hospice res. fac. 0.0	Bereavement Counselors 0.1
hospice benefit 4.3	Total Admissions 69	Assisted living:	Social Workers 0.1
Other 0.0	<b>DEATHS BY SITE</b>	Residential care	Dietary 0.0
Deaths 95.7	<b>OF OCCURRENCE</b>	apt. complex 0.0	Other 0.2
Total Discharges 69	Private residence 68.2%	Adult family home 0.0	Total FTEs 6.3
	Nursing home 1.5	Community-based	* Full-time equivalents
<b>DISCHARGES BY</b>	Hospice res. fac. 0.0	res. facility 11.1	
<b>LENGTH OF STAY</b>	Assisted living:	Inpatient facility 22.2	Volunteers who served
1 - 7 days 36.2%	Residential care	Other site 0.0	patients of the
8 - 14 days 20.3	apt. complex 0.0	Caseload 9	hospice in 2000: 20
15 - 30 days 14.5	Adult family home 3.0		
31 - 60 days 11.6	Community-based		
61 - 90 days 8.7	res. facility 6.1		
91 - 180 days 4.3	Inpatient facility 19.7		
181 days - 1 year 4.3	Other site 1.5		
1 year or more 0.0	Total Deaths 66		
Total Discharges 69			Total hours of service provided during 2000 by these volunteers: 2,900

**Holy Family Memorial Hospice**  
333 Reed Avenue, PO Box 1450  
Manitowoc WI 54221

License Number: 1527  
County: Manitowoc  
(920) 683-8437

Page 22

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2000 Caseload:	5
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	45
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	4
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT	COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT	COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT	COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	33.3%	Medicare	100.0%
20 to 54	6.7	(cancer)	73.3%	Hospital	24.4	Medicaid	0.0
55 to 64	8.9	Cardiovascular		Self-referral	8.9	Medicare/Medicaid	0.0
65 to 74	22.2	disease	8.9	Patient's family	11.1	Managed Care/HMO	0.0
75 to 84	44.4	Pulmonary disease	6.7	Home health agency	15.6	PACE/Partnership	0.0
85 to 94	17.8	Renal failure/		Other	6.7	Private Insurance	0.0
95 & over	0.0	kidney disease	2.2	Total Patients	45	Self Pay	0.0
Total Patients	45	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.0			Caseload	5
Male	44.4%	AIDS	0.0	<b>PATIENT DAYS BY</b>			
Female	55.6	ALS	0.0	<b>LEVEL OF CARE</b>			
Total Patients	45	Other	8.9	Routine home care	100.0%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	45	Continuous care	0.0	Administrators	0.3
<b>TOTAL ADMISSIONS</b>	41			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.0	Registered Nurses	1.5
<b>TOTAL DISCHARGES</b>	40	Medicare	90.2%	Respite care	0.0	Lic. Prac. Nurses	0.0
		Medicaid	2.4	Total Patient Days	1,293	Hospice Aides	0.4
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	2.5%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	7.3	Private residence	80.0%	Pathologists	0.0
care provided by		Self Pay	0.0	Nursing home	0.0	Bereavement Counselors	0.2
another hospice	0.0	Other	0.0	Hospice res. fac.	0.0	Social Workers	0.2
Revocation of		Total Admissions	41	Assisted living:		Dietary	0.0
hospice benefit	0.0			Residential care		Other	0.6
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	0.0	Total FTEs	3.2
Deaths	97.5	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	40	Private residence	76.9%	Community-based		* Full-time equivalents	
		Nursing home	10.3	res. facility	20.0		
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	20.0%	Residential care		Caseload	5	hospice in 2000:	14
8 - 14 days	27.5	apt. complex	0.0				
15 - 30 days	25.0	Adult family home	0.0			Total hours of	
31 - 60 days	15.0	Community-based				service provided	
61 - 90 days	5.0	res. facility	12.8			during 2000 by these	
91 - 180 days	7.5	Inpatient facility	0.0			volunteers:	273
181 days - 1 year	0.0	Other site	0.0				
1 year or more	0.0	Total Deaths	39				
Total Discharges	40						

**Manitowoc County Community Hospice**  
 1004 Washington Street  
 Manitowoc WI 54220

License Number: 1508  
 County: Manitowoc  
 (920) 684-7155

Page 23

Ownership of Hospice:	Proprietary Corporation	December 31, 2000 Caseload:	0
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	18
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	2
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm	Physician 16.7%	Medicare 0.0%
20 to 54 0.0	(cancer) 50.0%	Hospital 0.0	Medicaid 0.0
55 to 64 11.1	Cardiovascular	Self-referral 11.1	Medicare/Medicaid 0.0
65 to 74 16.7	disease 27.8	Patient's family 72.2	Managed Care/HMO 0.0
75 to 84 22.2	Pulmonary disease 11.1	Home health agency 0.0	PACE/Partnership 0.0
85 to 94 38.9	Renal failure/	Other 0.0	Private Insurance 0.0
95 & over 11.1	kidney disease 0.0	Total Patients 18	Self Pay 0.0
Total Patients 18	Diabetes 0.0		Other 0.0
	Alzheimer's disease 11.1		Caseload 0
Male 38.9%	AIDS 0.0	<b>PATIENT DAYS BY</b>	
Female 61.1	ALS 0.0	<b>LEVEL OF CARE</b>	
Total Patients 18	Other 0.0	Routine home care 100.0%	<b>STAFFING FTEs*</b>
<b>TOTAL ADMISSIONS 17</b>	Total Patients 18	Continuous care 0.0	Administrators 0.0
	<b>ADMISSIONS BY PAY SOURCE</b>	Inpatient care: acute	Physicians 0.0
<b>TOTAL DISCHARGES 18</b>	Medicare 100.0%	symptom mgmt 0.0	Registered Nurses 0.0
	Medicaid 0.0	Respite care 0.0	Lic. Prac. Nurses 0.0
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0	Total Patient Days 906	Hospice Aides 0.0
Hospice care not appropriate 11.1%	Managed Care/HMO 0.0	<b>CASELOAD ON 12/31/00</b>	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Occupational Therapists 0.0
care provided by	Private Insurance 0.0	Private residence 0.0%	Speech/Language
another hospice 0.0	Self Pay 0.0	Nursing home 0.0	Pathologists 0.0
Revocation of	Other 0.0	Hospice res. fac. 0.0	Bereavement Counselors 0.0
hospice benefit 0.0	Total Admissions 17	Assisted living:	Social Workers 0.0
Other 0.0	<b>DEATHS BY SITE</b>	Residential care	Dietary 0.0
Deaths 88.9	<b>OF OCCURRENCE</b>	apt. complex 0.0	Other 0.0
Total Discharges 18	Private residence 93.8%	Adult family home 0.0	Total FTEs 0.1
	Nursing home 0.0	Community-based	* Full-time equivalents
<b>DISCHARGES BY</b>	Hospice res. fac. 0.0	res. facility 0.0	
<b>LENGTH OF STAY</b>	Assisted living:	Inpatient facility 0.0	Volunteers who served
1 - 7 days 16.7%	Residential care	Other site 0.0	patients of the
8 - 14 days 22.2	apt. complex 6.3	Caseload 0	hospice in 2000: 3
15 - 30 days 16.7	Adult family home 0.0		
31 - 60 days 16.7	Community-based		Total hours of
61 - 90 days 0.0	res. facility 0.0		service provided
91 - 180 days 22.2	Inpatient facility 0.0		during 2000 by these
181 days - 1 year 5.6	Other site 0.0		volunteers: 172
1 year or more 0.0	Total Deaths 16		
Total Discharges 18			

**Comfort Care & Hospice Services**  
 333 Pine Ridge Boulevard  
 Wausau WI 54401

License Number: 1514  
 County: Marathon  
 (715) 847-2704

Page 24

Ownership of Hospice:	Nonprofit Corporation	December 31, 2000 Caseload:	62
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	468
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	64
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	Yes

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.4%	Malignant neoplasm	Physician 79.5%	Medicare 56.5%
20 to 54 5.6	(cancer) 45.3%	Hospital 0.0	Medicaid 3.2
55 to 64 6.6	Cardiovascular	Self-referral 0.6	Medicare/Medicaid 12.9
65 to 74 20.7	disease 13.2	Patient's family 12.0	Managed Care/HMO 1.6
75 to 84 31.4	Pulmonary disease 9.4	Home health agency 0.0	PACE/Partnership 0.0
85 to 94 30.8	Renal failure/	Other 7.9	Private Insurance 3.2
95 & over 4.5	kidney disease 2.8	Total Patients 468	Self Pay 22.6
Total Patients 468	Diabetes 0.0		Other 0.0
	Alzheimer's disease 5.8		Caseload 62
Male 45.3%	AIDS 0.4	<b>PATIENT DAYS BY</b>	
Female 54.7	ALS 0.6	<b>LEVEL OF CARE</b>	
Total Patients 468	Other 22.4	Routine home care 93.9%	<b>STAFFING FTEs*</b>
	Total Patients 468	Continuous care 0.0	Administrators 1.0
<b>TOTAL ADMISSIONS 411</b>		Inpatient care: acute	Physicians 0.0
	<b>ADMISSIONS BY PAY SOURCE</b>	symptom mgmt 6.0	Registered Nurses 30.8
<b>TOTAL DISCHARGES 412</b>	Medicare 70.1%	Respite care 0.1	Lic. Prac. Nurses 8.6
	Medicaid 1.9	Total Patient Days 23,292	Hospice Aides 12.8
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 18.0		Physical Therapists 0.0
Hospice care not appropriate 2.2%	Managed Care/HMO 2.7	<b>CASELOAD ON 12/31/00</b>	Occupational Therapists 0.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Speech/Language
care provided by	Private Insurance 5.1	Private residence 40.3%	Pathologists 0.0
another hospice 0.5	Self Pay 2.2	Nursing home 24.2	Bereavement Counselors 1.6
Revocation of	Other 0.0	Hospice res. fac. 11.3	Social Workers 6.8
hospice benefit 4.4	Total Admissions 411	Assisted living:	Dietary 0.0
Other 0.0		Residential care	Other 16.2
Deaths 93.0	<b>DEATHS BY SITE</b>	apt. complex 0.0	Total FTEs 77.8
Total Discharges 412	<b>OF OCCURRENCE</b>	Adult family home 0.0	
	Private residence 23.8%	Community-based	* Full-time equivalents
	Nursing home 13.6	res. facility 17.7	
<b>DISCHARGES BY</b>	Hospice res. fac. 7.8	Inpatient facility 6.5	Volunteers who served
<b>LENGTH OF STAY</b>	Assisted living:	Other site 0.0	patients of the
1 - 7 days 39.3%	Residential care	Caseload 62	hospice in 2000: 186
8 - 14 days 13.6	apt. complex 0.0		
15 - 30 days 14.3	Adult family home 0.0		
31 - 60 days 12.9	Community-based		
61 - 90 days 6.6	res. facility 10.7		
91 - 180 days 6.3	Inpatient facility 44.1		
181 days - 1 year 4.6	Other site 0.0		
1 year or more 2.4	Total Deaths 383		
Total Discharges 412			Total hours of service provided during 2000 by these volunteers: 14,606

Horizon HC & Hospice, Inc.  
8949 North Deerbrook Trail  
Brown Deer WI 53223

License Number: 525  
County: Milwaukee  
(414) 365-8300

Page 25

Ownership of Hospice: Private Nonprofit  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 73  
Unduplicated Patient Count for 2000: 687  
Average Daily Census: 69  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.4%	Malignant neoplasm		Physician	16.0%	Medicare	82.2%
20 to 54	11.5	(cancer)	62.7%	Hospital	54.7	Medicaid	2.7
55 to 64	11.2	Cardiovascular		Self-referral	0.3	Medicare/Medicaid	0.0
65 to 74	25.0	disease	10.0	Patient's family	5.4	Managed Care/HMO	1.4
75 to 84	26.8	Pulmonary disease	6.3	Home health agency	8.4	PACE/Partnership	0.0
85 to 94	20.2	Renal failure/		Other	15.1	Private Insurance	13.7
95 & over	4.8	kidney disease	2.3	Total Patients	687	Self Pay	0.0
Total Patients	687	Diabetes	9.3			Other	0.0
		Alzheimer's disease	7.4			Caseload	73
Male	45.6%	AIDS	1.3	<b>PATIENT DAYS BY</b>			
Female	54.4	ALS	0.6	<b>LEVEL OF CARE</b>			
Total Patients	687	Other	0.0	Routine home care	94.3%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	687	Continuous care	0.0	Administrators	0.5
<b>TOTAL ADMISSIONS</b>	623			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	5.0	Registered Nurses	14.2
<b>TOTAL DISCHARGES</b>	626	Medicare	76.7%	Respite care	0.7	Lic. Prac. Nurses	0.3
		Medicaid	5.0	Total Patient Days	25,366	Hospice Aides	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	4.2	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	7.5%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	12.8	Private residence	82.2%	Pathologists	0.0
care provided by		Self Pay	1.3	Nursing home	5.5	Bereavement Counselors	2.0
another hospice	2.1	Other	0.0	Hospice res. fac.	0.0	Social Workers	8.3
Revocation of		Total Admissions	623	Assisted living:		Dietary	0.0
hospice benefit	4.6			Residential care		Other	0.5
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	4.1	Total FTEs	25.8
Deaths	85.8	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	626	Private residence	55.7%	Community-based		* Full-time equivalents	
		Nursing home	9.5	res. facility	4.1		
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	4.1	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	32.6%	Residential care		Caseload	73	hospice in 2000:	15
8 - 14 days	15.2	apt. complex	0.0				
15 - 30 days	18.8	Adult family home	0.0			Total hours of	
31 - 60 days	14.9	Community-based				service provided	
61 - 90 days	6.9	res. facility	2.8			during 2000 by these	
91 - 180 days	7.3	Inpatient facility	32.0			volunteers:	1,551
181 days - 1 year	3.2	Other site	0.0				
1 year or more	1.1	Total Deaths	537				
Total Discharges	626						



**Covenant Hospice/Palliative Care**  
 9688 West Appleton Avenue  
 Milwaukee WI 53225

License Number: 556  
 County: Milwaukee  
 (414) 535-6900

Page 26

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 55  
 Unduplicated Patient Count for 2000: 493  
 Average Daily Census: 56  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.8%	Malignant neoplasm		Physician	45.6%	Medicare	89.1%
20 to 54	6.7	(cancer)	70.2%	Hospital	32.5	Medicaid	1.8
55 to 64	12.4	Cardiovascular		Self-referral	0.2	Medicare/Medicaid	0.0
65 to 74	21.5	disease	11.4	Patient's family	0.6	Managed Care/HMO	7.3
75 to 84	33.9	Pulmonary disease	0.0	Home health agency	12.6	PACE/Partnership	0.0
85 to 94	21.5	Renal failure/		Other	8.5	Private Insurance	0.0
95 & over	3.2	kidney disease	0.2	Total Patients	493	Self Pay	1.8
Total Patients	493	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.8			Caseload	55
Male	48.9%	AIDS	0.2	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Female	51.1	ALS	0.4	Routine home care	99.1%	Administrators	1.0
Total Patients	493	Other	16.8	Continuous care	0.0	Physicians	0.0
<b>TOTAL ADMISSIONS</b>	461	Total Patients	493	Inpatient care: acute		Registered Nurses	11.0
<b>TOTAL DISCHARGES</b>	456	<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.7	Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare	77.4%	Respite care	0.2	Hospice Aides	4.1
Hospice care not appropriate	8.6%	Medicaid	1.5	Total Patient Days	20,333	Physical Therapists	0.0
Transferred:		Medicare/Medicaid	3.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Occupational Therapists	0.0
care provided by another hospice	3.7	Managed Care/HMO	11.9	Private residence	80.0%	Speech/Language	
Revocation of hospice benefit	4.4	PACE/Partnership	0.0	Nursing home	18.2	Pathologists	0.0
Other	0.0	Private Insurance	5.9	Hospice res. fac.	0.0	Bereavement Counselors	0.0
Deaths	83.3	Self Pay	0.2	Assisted living:		Social Workers	5.0
Total Discharges	456	Other	0.0	Residential care		Dietary	0.0
<b>DISCHARGES BY LENGTH OF STAY</b>		Total Admissions	461	apt. complex	0.0	Other	2.7
1 - 7 days	24.8%	<b>DEATHS BY SITE OF OCCURRENCE</b>		Adult family home	1.8	Total FTEs	23.8
8 - 14 days	16.2	Private residence	88.2%	Community-based		* Full-time equivalents	
15 - 30 days	21.3	Nursing home	7.1	res. facility	0.0		
31 - 60 days	16.9	Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served patients of the hospice in 2000:	32
61 - 90 days	8.3	Assisted living:		Other site	0.0		
91 - 180 days	8.3	Residential care		Caseload	55	Total hours of service provided during 2000 by these volunteers:	1,468
181 days - 1 year	3.3	apt. complex	0.0				
1 year or more	0.9	Adult family home	0.3				
Total Discharges	456	Community-based					
		res. facility	0.3				
		Inpatient facility	4.2				
		Other site	0.0				
		Total Deaths	380				

**Heartland Home Health Care & Hospice**  
 1845 North Farwell, #301  
 Milwaukee WI 53202

License Number: 2003  
 County: Milwaukee  
 (414) 273-7466

Page 27

Ownership of Hospice:	Proprietary Corporation	December 31, 2000 Caseload:	4
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	27
Title 19 (Medicaid) Certified?	No	Average Daily Census:	2
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm	Physician 37.0%	Medicare 100.0%
20 to 54 7.4	(cancer) 44.4%	Hospital 7.4	Medicaid 0.0
55 to 64 11.1	Cardiovascular	Self-referral 0.0	Medicare/Medicaid 0.0
65 to 74 7.4	disease 14.8	Patient's family 7.4	Managed Care/HMO 0.0
75 to 84 44.4	Pulmonary disease 7.4	Home health agency 0.0	PACE/Partnership 0.0
85 to 94 29.6	Renal failure/	Other 48.1	Private Insurance 0.0
95 & over 0.0	kidney disease 0.0	Total Patients 27	Self Pay 0.0
Total Patients 27	Diabetes 0.0		Other 0.0
	Alzheimer's disease 29.6		Caseload 4
Male 40.7%	AIDS 0.0	<b>PATIENT DAYS BY</b>	
Female 59.3	ALS 0.0	<b>LEVEL OF CARE</b>	
Total Patients 27	Other 3.7	Routine home care 100.0%	<b>STAFFING FTEs*</b>
<b>TOTAL ADMISSIONS 27</b>	Total Patients 27	Continuous care 0.0	Administrators 1.0
	<b>ADMISSIONS BY PAY SOURCE</b>	Inpatient care: acute	Physicians 1.1
<b>TOTAL DISCHARGES 23</b>	Medicare 100.0%	symptom mgmt 0.0	Registered Nurses 2.0
	Medicaid 0.0	Respite care 0.0	Lic. Prac. Nurses 0.0
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0	Total Patient Days 476	Hospice Aides 2.0
Hospice care not appropriate 4.3%	Managed Care/HMO 0.0	<b>CASELOAD ON 12/31/00</b>	Physical Therapists 1.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Occupational Therapists 0.0
care provided by	Private Insurance 0.0	Private residence 75.0%	Speech/Language
another hospice 4.3	Self Pay 0.0	Nursing home 0.0	Pathologists 0.0
Revocation of	Other 0.0	Hospice res. fac. 0.0	Bereavement Counselors 0.3
hospice benefit 0.0	Total Admissions 27	Assisted living:	Social Workers 0.3
Other 0.0	<b>DEATHS BY SITE</b>	Residential care	Dietary 0.0
Deaths 91.3	<b>OF OCCURRENCE</b>	apt. complex 0.0	Other 0.0
Total Discharges 23	Private residence 33.3%	Adult family home 25.0	Total FTEs 7.6
	Nursing home 61.9	Community-based	* Full-time equivalents
<b>DISCHARGES BY</b>	Hospice res. fac. 0.0	res. facility 0.0	
<b>LENGTH OF STAY</b>	Assisted living:	Inpatient facility 0.0	Volunteers who served
1 - 7 days 39.1%	Residential care	Other site 0.0	patients of the
8 - 14 days 26.1	apt. complex 0.0	Caseload 4	hospice in 2000: 0
15 - 30 days 21.7	Adult family home 0.0		
31 - 60 days 8.7	Community-based		Total hours of
61 - 90 days 0.0	res. facility 4.8		service provided
91 - 180 days 4.3	Inpatient facility 0.0		during 2000 by these
181 days - 1 year 0.0	Other site 0.0		volunteers: 0
1 year or more 0.0	Total Deaths 21		
Total Discharges 23			

**Heartland Home Health Care & Hospice**  
 1845 North Farwell Avenue, Suite 301  
 Milwaukee WI 53202

License Number: 2005  
 County: Milwaukee  
 (414) 273-7466

Page 28

Ownership of Hospice:	Proprietary Corporation	December 31, 2000 Caseload:	1
Title 18 (Medicare) Certified?	No	Unduplicated Patient Count for 2000:	1
Title 19 (Medicaid) Certified?	No	Average Daily Census:	0
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 0.0%	Physician 0.0%	Medicare 100.0%
20 to 54 0.0	(cancer) 0.0%	Hospital 0.0	Medicaid 0.0
55 to 64 0.0	Cardiovascular 0.0	Self-referral 0.0	Medicare/Medicaid 0.0
65 to 74 0.0	disease 0.0	Patient's family 0.0	Managed Care/HMO 0.0
75 to 84 100.0	Pulmonary disease 100.0	Home health agency 100.0	PACE/Partnership 0.0
85 to 94 0.0	Renal failure/ 0.0	Other 0.0	Private Insurance 0.0
95 & over 0.0	kidney disease 0.0	Total Patients 1	Self Pay 0.0
Total Patients 1	Diabetes 0.0		Other 0.0
	Alzheimer's disease 0.0		Caseload 1
Male 100.0%	AIDS 0.0	<b>PATIENT DAYS BY</b>	
Female 0.0	ALS 0.0	<b>LEVEL OF CARE</b>	
Total Patients 1	Other 0.0	Routine home care 100.0%	<b>STAFFING FTEs*</b>
<b>TOTAL ADMISSIONS 1</b>	Total Patients 1	Continuous care 0.0	Administrators 1.0
	<b>ADMISSIONS BY PAY SOURCE</b>	Inpatient care: acute symptom mgmt 0.0	Physicians 0.0
<b>TOTAL DISCHARGES 0</b>	Medicare 100.0%	Respite care 0.0	Registered Nurses 1.0
	Medicaid 0.0	Total Patient Days 15	Lic. Prac. Nurses 0.0
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0	<b>CASELOAD ON 12/31/00</b>	Hospice Aides 0.0
Hospice care not appropriate 0.0%	Managed Care/HMO 0.0	<b>BY LIVING ARRANGEMENTS</b>	Physical Therapists 0.0
Transferred: care provided by another hospice 0.0	PACE/Partnership 0.0	Private residence 100.0%	Occupational Therapists 0.0
Revocation of hospice benefit 0.0	Private Insurance 0.0	Nursing home 0.0	Speech/Language Pathologists 0.0
Other 0.0	Self Pay 0.0	Hospice res. fac. 0.0	Bereavement Counselors 0.0
Deaths 0.0	Other 0.0	Assisted living: Residential care	Social Workers 0.0
Total Discharges 0	Total Admissions 1	apt. complex 0.0	Dietary 0.0
	<b>DEATHS BY SITE OF OCCURRENCE</b>	Adult family home 0.0	Other 0.0
	Private residence 0.0%	Community-based res. facility 0.0	Total FTEs 2.0
	Nursing home 0.0	Inpatient facility 0.0	
	Hospice res. fac. 0.0	Other site 0.0	* Full-time equivalents
<b>DISCHARGES BY LENGTH OF STAY</b>	Assisted living: Residential care	Caseload 1	Volunteers who served patients of the hospice in 2000: 0
1 - 7 days 0.0%	apt. complex 0.0		
8 - 14 days 0.0	Adult family home 0.0		
15 - 30 days 0.0	Community-based res. facility 0.0		
31 - 60 days 0.0	Inpatient facility 0.0		
61 - 90 days 0.0	Other site 0.0		
91 - 180 days 0.0	Total Deaths 0		
181 days - 1 year 0.0			
1 year or more 0.0			
Total Discharges 0			Total hours of service provided during 2000 by these volunteers: 0

Ownership of Hospice:	Proprietary Corporation
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	Yes
Licensed Hospice Residential Facility?	No

December 31, 2000 Caseload:	39
Unduplicated Patient Count for 2000:	288
Average Daily Census:	37
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm (cancer)	24.7%	Physician	17.0%	Medicare	23.1%
20 to 54	3.1			Hospital	2.4	Medicaid	5.1
55 to 64	5.6	Cardiovascular disease	11.8	Self-referral	0.0	Medicare/Medicaid	71.8
65 to 74	11.8			Patient's family	4.9	Managed Care/HMO	0.0
75 to 84	30.2	Pulmonary disease	0.3	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	41.3	Renal failure/ kidney disease	1.0	Other	75.7	Private Insurance	0.0
95 & over	8.0			Total Patients	288	Self Pay	0.0
Total Patients	288	Diabetes	0.0			Other	0.0
		Alzheimer's disease	18.4			Caseload	39
Male	29.5%	AIDS	0.0	PATIENT DAYS BY LEVEL OF CARE			
Female	70.5	ALS	0.0				
Total Patients	288	Other	43.8	Routine home care	99.6%	STAFFING	FTEs*
		Total Patients	288	Continuous care	0.0	Administrators	1.0
TOTAL ADMISSIONS	264	ADMISSIONS BY PAY SOURCE		Inpatient care: acute symptom mgmt	0.1	Physicians	0.0
		Medicare	25.0%	Respite care	0.3	Registered Nurses	6.5
TOTAL DISCHARGES	263	Medicaid	5.7	Total Patient Days	13,475	Lic. Prac. Nurses	0.0
		Medicare/Medicaid	66.3	CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS			
REASON FOR DISCHARGE		Managed Care/HMO	0.0	Private residence	2.6%	Hospice Aides	3.0
Hospice care not appropriate	17.1%	PACE/Partnership	0.0	Nursing home	89.7	Physical Therapists	0.0
Transferred: care provided by another hospice	1.5	Private Insurance	2.3	Hospice res. fac.	0.0	Occupational Therapists	0.0
Revocation of hospice benefit	6.8	Self Pay	0.0	Assisted living: Residential care apt. complex	2.6	Speech/Language Pathologists	0.0
Other	0.0	Other	0.8	Adult family home	0.0	Bereavement Counselors	1.0
Deaths	74.5	Total Admissions	264	Community-based res. facility	5.1	Social Workers	2.0
Total Discharges	263	DEATHS BY SITE OF OCCURRENCE		Inpatient facility	0.0	Dietary	0.1
		Private residence	11.2%	Other site	0.0	Other	2.0
		Nursing home	83.7	Caseload	39	Total FTEs	15.6
DISCHARGES BY LENGTH OF STAY		Hospice res. fac.	0.0	* Full-time equivalents			
1 - 7 days	31.2%	Assisted living: Residential care apt. complex	0.0			Volunteers who served patients of the hospice in 2000:	24
8 - 14 days	15.6	Adult family home	0.0				
15 - 30 days	17.9	Community-based res. facility	2.6			Total hours of service provided during 2000 by these volunteers:	1,133
31 - 60 days	10.3	Inpatient facility	2.6				
61 - 90 days	10.3	Other site	0.0				
91 - 180 days	12.5	Total Deaths	196				
181 days - 1 year	2.3						
1 year or more	0.0						
Total Discharges	263						

**Ruth Hospice**  
8526 West Mill Road  
Milwaukee WI 53225

License Number: 2002  
County: Milwaukee  
(414) 607-4710

Page 30

Ownership of Hospice:	Nonprofit Corporation	December 31, 2000 Caseload:	13
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	142
Title 19 (Medicaid) Certified?	No	Average Daily Census:	10
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	Yes

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm (cancer) 60.6%	Physician 2.1%	Medicare 100.0%
20 to 54 0.0		Hospital 56.3	Medicaid 0.0
55 to 64 6.3	Cardiovascular disease 4.9	Self-referral 2.8	Medicare/Medicaid 0.0
65 to 74 22.5	Pulmonary disease 7.7	Patient's family 4.9	Managed Care/HMO 0.0
75 to 84 35.2	Renal failure/ kidney disease 6.3	Home health agency 20.4	PACE/Partnership 0.0
85 to 94 31.0	Diabetes 0.0	Other 13.4	Private Insurance 0.0
95 & over 4.9	Alzheimer's disease 4.9	Total Patients 142	Self Pay 0.0
Total Patients 142	AIDS 0.0		Other 0.0
Male 35.2%	ALS 0.7	<b>PATIENT DAYS BY LEVEL OF CARE</b>	Caseload 13
Female 64.8	Other 14.8	Routine home care 100.0%	
Total Patients 142	Total Patients 142	Continuous care 0.0	<b>STAFFING FTEs*</b>
<b>TOTAL ADMISSIONS 130</b>	<b>ADMISSIONS BY PAY SOURCE</b>	Inpatient care: acute symptom mgmt 0.0	Administrators 1.0
<b>TOTAL DISCHARGES 129</b>	Medicare 94.6%	Respite care 0.0	Physicians 0.1
<b>REASON FOR DISCHARGE</b>	Medicaid 0.0	Total Patient Days 3,655	Registered Nurses 6.2
Hospice care not appropriate 0.8%	Medicare/Medicaid 0.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>	Lic. Prac. Nurses 1.0
Transferred: care provided by another hospice 0.0	Managed Care/HMO 3.8	Private residence 0.0%	Hospice Aides 8.2
Revocation of hospice benefit 0.8	PACE/Partnership 0.0	Nursing home 0.0	Physical Therapists 0.0
Other 0.0	Private Insurance 1.5	Hospice res. fac. 100.0	Occupational Therapists 0.0
Deaths 98.4	Self Pay 0.0	Assisted living: Residential care	Speech/Language Pathologists 0.0
Total Discharges 129	Other 0.0	apt. complex 0.0	Bereavement Counselors 0.3
<b>DISCHARGES BY LENGTH OF STAY</b>	<b>DEATHS BY SITE OF OCCURRENCE</b>	Adult family home 0.0	Social Workers 0.8
1 - 7 days 46.5%	Private residence 0.0%	Community-based res. facility 0.0	Dietary 2.4
8 - 14 days 15.5	Nursing home 0.0	Inpatient facility 0.0	Other 1.0
15 - 30 days 20.2	Hospice res. fac. 100.0	Other site 0.0	Total FTEs 20.9
31 - 60 days 7.8	Assisted living: Residential care	Caseload 13	* Full-time equivalents
61 - 90 days 2.3	apt. complex 0.0		Volunteers who served patients of the hospice in 2000: 13
91 - 180 days 5.4	Adult family home 0.0		Total hours of service provided during 2000 by these volunteers: 1,739
181 days - 1 year 0.8	Community-based res. facility 0.0		
1 year or more 1.6	Inpatient facility 0.0		
Total Discharges 129	Other site 0.0		
	Total Deaths 127		

**St. Mary's Hospice**  
Box 503, 2350 North Lake Drive  
Milwaukee WI 53201

License Number: 521  
County: Milwaukee  
(414) 291-1240

Page 31

Ownership of Hospice: Private Nonprofit  
Title 18 (Medicare) Certified? No  
Title 19 (Medicaid) Certified? No  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 3  
Unduplicated Patient Count for 2000: 350  
Average Daily Census: 7  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDULICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT		REFERRAL SOURCE OF UNDULICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	48.0%	Medicare	0.0%
20 to 54	13.1	(cancer)	64.9%	Hospital	0.0	Medicaid	0.0
55 to 64	15.4	Cardiovascular		Self-referral	33.7	Medicare/Medicaid	0.0
65 to 74	25.7	disease	5.1	Patient's family	0.0	Managed Care/HMO	100.0
75 to 84	30.0	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	13.4	Renal failure/		Other	18.3	Private Insurance	0.0
95 & over	2.3	kidney disease	0.0	Total Patients	350	Self Pay	0.0
Total Patients	350	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.0			Caseload	3
Male	50.9%	AIDS	0.3	<b>PATIENT DAYS BY</b>			
Female	49.1	ALS	0.0	<b>LEVEL OF CARE</b>			
Total Patients	350	Other	29.7	Routine home care	0.0%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	350	Continuous care	0.0	Administrators	1.0
<b>TOTAL ADMISSIONS</b>	348			Inpatient care: acute		Physicians	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	100.0	Registered Nurses	13.6
<b>TOTAL DISCHARGES</b>	350	Medicare	13.2%	Respite care	0.0	Lic. Prac. Nurses	0.0
		Medicaid	1.1	Total Patient Days	2,604	Hospice Aides	2.2
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>CASELOAD ON 12/31/00</b>			
Hospice care not		Managed Care/HMO	70.7	<b>BY LIVING ARRANGEMENTS</b>			
appropriate	0.9%	PACE/Partnership	0.0	Private residence	0.0%	Speech/Language	
Transferred:		Private Insurance	13.5	Nursing home	0.0	Pathologists	0.0
care provided by		Self Pay	1.4	Hospice res. fac.	0.0	Bereavement Counselors	0.5
another hospice	14.3	Other	0.0	Assisted living:		Social Workers	0.2
Revocation of		Total Admissions	348	Residential care		Dietary	0.0
hospice benefit	0.0			apt. complex	0.0	Other	1.0
Other	9.7	<b>DEATHS BY SITE</b>		Adult family home	0.0	Total FTEs	19.5
Deaths	75.1	<b>OF OCCURRENCE</b>		Community-based		* Full-time equivalents	
Total Discharges	350	Private residence	0.0%	res. facility	0.0		
		Nursing home	0.0	Inpatient facility	100.0	Volunteers who served	
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Other site	0.0	patients of the	
<b>LENGTH OF STAY</b>		Assisted living:		Caseload	3	hospice in 2000: 13	
1 - 7 days	66.0%	Residential care				Total hours of	
8 - 14 days	22.3	apt. complex	0.0			service provided	
15 - 30 days	9.7	Adult family home	0.0			during 2000 by these	
31 - 60 days	1.7	Community-based				volunteers: 1,674	
61 - 90 days	0.0	res. facility	0.0				
91 - 180 days	0.3	Inpatient facility	100.0				
181 days - 1 year	0.0	Other site	0.0				
1 year or more	0.0	Total Deaths	263				
Total Discharges	350						

December 31, 2000 Caseload:	78
Unduplicated Patient Count for 2000:	842
Average Daily Census:	83
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	2.7%	Malignant neoplasm (cancer)	63.3%	Physician	37.2%	Medicare	76.9%
20 to 54	8.1			Hospital	23.8	Medicaid	6.4
55 to 64	9.7	Cardiovascular disease	10.9	Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	23.6			Patient's family	6.2	Managed Care/HMO	3.8
75 to 84	33.7	Pulmonary disease	4.3	Home health agency	23.8	PACE/Partnership	0.0
85 to 94	20.3	Renal failure/kidney disease	1.5	Other	9.1	Private Insurance	12.8
95 & over	1.8			Total Patients	842	Self Pay	0.0
Total Patients	842	Diabetes	0.0			Other	0.0
		Alzheimer's disease	2.9			Caseload	78
Male	47.7%	AIDS	0.6	PATIENT DAYS BY LEVEL OF CARE			
Female	52.3	ALS	0.0				
Total Patients	842	Other	16.5	Routine home care	98.6%	STAFFING	FTEs*
		Total Patients	842	Continuous care	0.0	Administrators	3.0
TOTAL ADMISSIONS	805			Inpatient care: acute symptom mgmt	1.2	Physicians	0.0
		ADMISSIONS BY PAY SOURCE		Respite care	0.2	Registered Nurses	11.5
TOTAL DISCHARGES	798	Medicare	80.4%	Total Patient Days	30,422	Lic. Prac. Nurses	1.6
		Medicaid	5.2			Hospice Aides	14.0
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS		Physical Therapists	0.0
Hospice care not appropriate	6.5%	Managed Care/HMO	2.5			Occupational Therapists	0.0
Transferred:		PACE/Partnership	0.0	Private residence	87.2%	Speech/Language Pathologists	0.0
care provided by another hospice	0.8	Private Insurance	11.2	Nursing home	2.6	Bereavement Counselors	2.0
Revocation of hospice benefit	2.5	Self Pay	0.7	Hospice res. fac.	9.0	Social Workers	3.8
Other	3.0	Other	0.0	Assisted living: Residential care apt. complex	0.0	Dietary	0.0
Deaths	87.2	DEATHS BY SITE OF OCCURRENCE		Adult family home	0.0	Other	5.8
Total Discharges	798	Private residence	71.4%	Community-based res. facility	0.0	Total FTEs	41.7
		Nursing home	1.7	Inpatient facility	1.3	* Full-time equivalents	
DISCHARGES BY LENGTH OF STAY		Hospice res. fac.	13.5	Other site	0.0	Volunteers who served patients of the hospice in 2000:	136
1 - 7 days	31.0%	Assisted living: Residential care apt. complex	0.0	Caseload	78		
8 - 14 days	20.2	Adult family home	0.0			Total hours of service provided during 2000 by these volunteers:	6,132
15 - 30 days	17.4	Community-based res. facility	7.9				
31 - 60 days	15.0	Inpatient facility	5.5				
61 - 90 days	6.4	Other site	0.0				
91 - 180 days	6.9	Total Deaths	696				
181 days - 1 year	2.9						
1 year or more	0.3						
Total Discharges	798						

Vitas Healthcare Corporation  
2675 North Mayfair Road, Suite 480  
Wauwatosa WI 53226

License Number: 547  
County: Milwaukee  
(414) 257-2600

Page 33

Ownership of Hospice:	Proprietary Corporation	December 31, 2000 Caseload:	112
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	847
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	110
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm	Physician 22.7%	Medicare 91.1%
20 to 54 2.0	(cancer) 39.2%	Hospital 22.7	Medicaid 1.8
55 to 64 15.2	Cardiovascular	Self-referral 0.0	Medicare/Medicaid 0.0
65 to 74 23.4	disease 14.8	Patient's family 3.2	Managed Care/HMO 0.0
75 to 84 38.7	Pulmonary disease 8.9	Home health agency 0.8	PACE/Partnership 0.0
85 to 94 19.4	Renal failure/	Other 50.6	Private Insurance 7.1
95 & over 1.3	kidney disease 2.1	Total Patients 847	Self Pay 0.0
Total Patients 847	Diabetes 0.0		Other 0.0
	Alzheimer's disease 13.2		Caseload 112
Male 39.3%	AIDS 0.6	<b>PATIENT DAYS BY</b>	
Female 60.7	ALS 0.6	<b>LEVEL OF CARE</b>	
Total Patients 847	Other 20.7	Routine home care 94.1%	<b>STAFFING FTEs*</b>
	Total Patients 847	Continuous care 1.6	Administrators 6.6
<b>TOTAL ADMISSIONS 761</b>		Inpatient care: acute	Physicians 0.4
	<b>ADMISSIONS BY PAY SOURCE</b>	symptom mgmt 4.0	Registered Nurses 12.6
<b>TOTAL DISCHARGES 740</b>	Medicare 88.6%	Respite care 0.4	Lic. Prac. Nurses 6.0
	Medicaid 2.4	Total Patient Days 40,266	Hospice Aides 10.8
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0		Physical Therapists 0.0
Hospice care not appropriate 5.7%	Managed Care/HMO 1.2	<b>CASELOAD ON 12/31/00</b>	Occupational Therapists 0.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Speech/Language
care provided by	Private Insurance 7.2	Private residence 29.5%	Pathologists 0.0
another hospice 0.8	Self Pay 0.0	Nursing home 58.9	Bereavement Counselors 1.0
Revocation of	Other 0.7	Hospice res. fac. 0.0	Social Workers 2.0
hospice benefit 5.5	Total Admissions 761	Assisted living:	Dietary 0.0
Other 0.4		Residential care	Other 2.1
Deaths 87.6	<b>DEATHS BY SITE</b>	apt. complex 0.0	Total FTEs 41.5
Total Discharges 740	<b>OF OCCURRENCE</b>	Adult family home 0.0	
	Private residence 22.5%	Community-based	* Full-time equivalents
	Nursing home 52.0	res. facility 4.5	
	Hospice res. fac. 0.0	Inpatient facility 7.1	Volunteers who served
<b>DISCHARGES BY</b>	Assisted living:	Other site 0.0	patients of the
<b>LENGTH OF STAY</b>	Residential care	Caseload 112	hospice in 2000: 50
1 - 7 days 12.4%	apt. complex 0.0		
8 - 14 days 38.0	Adult family home 0.0		
15 - 30 days 18.1	Community-based		
31 - 60 days 13.0	res. facility 4.9		
61 - 90 days 7.7	Inpatient facility 20.5		
91 - 180 days 6.4	Other site 0.0		
181 days - 1 year 4.1	Total Deaths 648		
1 year or more 0.4			
Total Discharges 740			Total hours of service provided during 2000 by these volunteers: 2,087



**Hospice Touch**  
300 Butts Avenue  
Tomah WI 54660

License Number: 531  
County: Monroe  
(608) 374-0250

Page 34

Ownership of Hospice: Nonprofit Corporation  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? Yes

December 31, 2000 Caseload: 3  
Unduplicated Patient Count for 2000: 100  
Average Daily Census: 12  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	55.0%	Medicare	100.0%
20 to 54	11.0	(cancer)	75.0%	Hospital	35.0	Medicaid	0.0
55 to 64	20.0	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	27.0	disease	7.0	Patient's family	8.0	Managed Care/HMO	0.0
75 to 84	23.0	Pulmonary disease	5.0	Home health agency	2.0	PACE/Partnership	0.0
85 to 94	18.0	Renal failure/		Other	0.0	Private Insurance	0.0
95 & over	1.0	kidney disease	6.0	Total Patients	100	Self Pay	0.0
Total Patients	100	Diabetes	0.0			Other	0.0
		Alzheimer's disease	2.0			Caseload	3
Male	54.0%	AIDS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Female	46.0	ALS	0.0	Routine home care	96.8%	Administrators	1.0
Total Patients	100	Other	5.0	Continuous care	0.0	Physicians	0.0
<b>TOTAL ADMISSIONS</b>	91	Total Patients	100	Inpatient care: acute		Registered Nurses	3.8
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	2.0	Lic. Prac. Nurses	0.2
<b>TOTAL DISCHARGES</b>	101	Medicare	69.2%	Respite care	1.2	Hospice Aides	6.3
		Medicaid	5.5	Total Patient Days	4,368	Physical Therapists	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Occupational Therapists	0.0
Hospice care not appropriate	4.0%	Managed Care/HMO	0.0	Private residence	66.7%	Speech/Language	
Transferred:		PACE/Partnership	0.0	Nursing home	0.0	Pathologists	0.0
care provided by		Private Insurance	20.9	Hospice res. fac.	33.3	Bereavement Counselors	0.3
another hospice	1.0	Self Pay	0.0	Assisted living:		Social Workers	1.0
Revocation of		Other	4.4	Residential care		Dietary	0.0
hospice benefit	9.9	Total Admissions	91	apt. complex	0.0	Other	0.0
Other	0.0	<b>DEATHS BY SITE OF OCCURRENCE</b>		Adult family home	0.0	Total FTEs	12.4
Deaths	85.1	Private residence	58.1%	Community-based		<b>* Full-time equivalents</b>	
Total Discharges	101	Nursing home	0.0	res. facility	0.0	Total hours of service provided during 2000 by these volunteers: 1,378	
		Hospice res. fac.	26.7	Inpatient facility	0.0		
<b>DISCHARGES BY LENGTH OF STAY</b>		Assisted living:		Other site	0.0		
1 - 7 days	28.7%	Residential care		Caseload	3		
8 - 14 days	14.9	apt. complex	0.0				
15 - 30 days	19.8	Adult family home	0.0				
31 - 60 days	16.8	Community-based					
61 - 90 days	4.0	res. facility	0.0				
91 - 180 days	12.9	Inpatient facility	15.1				
181 days - 1 year	3.0	Other site	0.0				
1 year or more	0.0	Total Deaths	86				
Total Discharges	101						

**Sacred Heart-St. Mary's Hospital Hospice**  
 1860 North Stevens Street  
 Rhinelander WI 54501

License Number: 522  
 County: Oneida  
 (715) 369-6471

Page 35

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2000 Caseload:	14
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	89
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	13
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm	Physician 48.3%	Medicare 92.9%
20 to 54 5.6	(cancer) 64.0%	Hospital 23.6	Medicaid 7.1
55 to 64 10.1	Cardiovascular	Self-referral 0.0	Medicare/Medicaid 0.0
65 to 74 20.2	disease 19.1	Patient's family 13.5	Managed Care/HMO 0.0
75 to 84 31.5	Pulmonary disease 0.0	Home health agency 6.7	PACE/Partnership 0.0
85 to 94 30.3	Renal failure/	Other 7.9	Private Insurance 0.0
95 & over 2.2	kidney disease 0.0	Total Patients 89	Self Pay 0.0
Total Patients 89	Diabetes 0.0		Other 0.0
	Alzheimer's disease 2.2		Caseload 14
Male 47.2%	AIDS 0.0	<b>PATIENT DAYS BY</b>	
Female 52.8	ALS 2.2	<b>LEVEL OF CARE</b>	
Total Patients 89	Other 12.4	Routine home care 98.0%	<b>STAFFING FTEs*</b>
	Total Patients 89	Continuous care 0.0	Administrators 1.1
<b>TOTAL ADMISSIONS 86</b>		Inpatient care: acute	Physicians 0.1
	<b>ADMISSIONS BY PAY SOURCE</b>	symptom mgmt 1.5	Registered Nurses 1.6
<b>TOTAL DISCHARGES 76</b>	Medicare 84.9%	Respite care 0.6	Lic. Prac. Nurses 0.0
	Medicaid 3.5	Total Patient Days 4,616	Hospice Aides 1.6
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0		Physical Therapists 0.0
Hospice care not appropriate 0.0%	Managed Care/HMO 0.0	<b>CASELOAD ON 12/31/00</b>	Occupational Therapists 0.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Speech/Language
care provided by	Private Insurance 11.6	Private residence 85.7%	Pathologists 0.0
another hospice 1.3	Self Pay 0.0	Nursing home 14.3	Bereavement Counselors 0.5
Revocation of	Other 0.0	Hospice res. fac. 0.0	Social Workers 0.5
hospice benefit 2.6	Total Admissions 86	Assisted living:	Dietary 0.0
Other 0.0		Residential care	Other 0.3
Deaths 96.1	<b>DEATHS BY SITE</b>	apt. complex 0.0	Total FTEs 5.6
Total Discharges 76	<b>OF OCCURRENCE</b>	Adult family home 0.0	
	Private residence 65.8%	Community-based	* Full-time equivalents
	Nursing home 11.0	res. facility 0.0	
	Hospice res. fac. 0.0	Inpatient facility 0.0	Volunteers who served
<b>DISCHARGES BY</b>	Assisted living:	Other site 0.0	patients of the
<b>LENGTH OF STAY</b>	Residential care	Caseload 14	hospice in 2000: 54
1 - 7 days 36.8%	apt. complex 0.0		
8 - 14 days 18.4	Adult family home 0.0		
15 - 30 days 15.8	Community-based		
31 - 60 days 7.9	res. facility 12.3		
61 - 90 days 6.6	Inpatient facility 11.0		
91 - 180 days 9.2	Other site 0.0		
181 days - 1 year 5.3	Total Deaths 73		
1 year or more 0.0			
Total Discharges 76			Total hours of service provided during 2000 by these volunteers: 3,449

**Dr. Kate - Lakeland Hospice**  
 240 Maple Street  
 Woodruff WI 54568

License Number: 1509  
 County: Oneida  
 (715) 356-8805

Page 36

Ownership of Hospice: Private Nonprofit  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? Yes

December 31, 2000 Caseload: 14  
 Unduplicated Patient Count for 2000: 139  
 Average Daily Census: 21  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	28.8%	Medicare	92.9%
20 to 54	7.2	(cancer)	60.4%	Hospital	43.2	Medicaid	0.0
55 to 64	7.2	Cardiovascular		Self-referral	0.7	Medicare/Medicaid	0.0
65 to 74	28.1	disease	9.4	Patient's family	16.5	Managed Care/HMO	0.0
75 to 84	34.5	Pulmonary disease	0.0	Home health agency	5.0	PACE/Partnership	0.0
85 to 94	18.7	Renal failure/		Other	5.8	Private Insurance	0.0
95 & over	4.3	kidney disease	0.0	Total Patients	139	Self Pay	7.1
Total Patients	139	Diabetes	0.0			Other	0.0
		Alzheimer's disease	2.2			Caseload	14
Male	49.6%	AIDS	0.0	<b>PATIENT DAYS BY</b>			
Female	50.4	ALS	0.0	<b>LEVEL OF CARE</b>			
Total Patients	139	Other	28.1	Routine home care	98.3%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	139	Continuous care	0.0	Administrators	1.2
<b>TOTAL ADMISSIONS</b>	116			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.4	Registered Nurses	3.7
<b>TOTAL DISCHARGES</b>	126	Medicare	87.1%	Respite care	1.3	Lic. Prac. Nurses	0.0
		Medicaid	3.4	Total Patient Days	7,675	Hospice Aides	5.5
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	2.4%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	7.8	Private residence	78.6%	Pathologists	0.0
care provided by		Self Pay	1.7	Nursing home	0.0	Bereavement Counselors	1.0
another hospice	1.6	Other	0.0	Hospice res. fac.	21.4	Social Workers	1.0
Revocation of		Total Admissions	116	Assisted living:		Dietary	0.0
hospice benefit	1.6			Residential care		Other	0.5
Other	0.8	<b>DEATHS BY SITE</b>		apt. complex	0.0	Total FTEs	12.7
Deaths	93.7	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	126	Private residence	66.1%	Community-based		* Full-time equivalents	
		Nursing home	3.4	res. facility	0.0		
<b>DISCHARGES BY</b>		Hospice res. fac.	21.2	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	31.7%	Residential care		Caseload	14	hospice in 2000:	60
8 - 14 days	11.9	apt. complex	0.0				
15 - 30 days	13.5	Adult family home	0.0			Total hours of	
31 - 60 days	19.8	Community-based				service provided	
61 - 90 days	5.6	res. facility	2.5			during 2000 by these	
91 - 180 days	5.6	Inpatient facility	6.8			volunteers:	4,086
181 days - 1 year	8.7	Other site	0.0				
1 year or more	3.2	Total Deaths	118				
Total Discharges	126						

**Hospice of Portage County**  
 5412 Highway 10 East, Suite A  
 Stevens Point WI 54481

License Number: 503  
 County: Portage  
 (715) 346-5955

Page 37

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2000 Caseload:	18
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	101
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	15
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm	Physician 69.3%	Medicare 83.3%
20 to 54 12.9	(cancer) 57.4%	Hospital 11.9	Medicaid 0.0
55 to 64 10.9	Cardiovascular	Self-referral 0.0	Medicare/Medicaid 0.0
65 to 74 18.8	disease 10.9	Patient's family 8.9	Managed Care/HMO 5.6
75 to 84 33.7	Pulmonary disease 7.9	Home health agency 3.0	PACE/Partnership 0.0
85 to 94 23.8	Renal failure/	Other 6.9	Private Insurance 5.6
95 & over 0.0	kidney disease 2.0	Total Patients 101	Self Pay 5.6
Total Patients 101	Diabetes 0.0		Other 0.0
	Alzheimer's disease 4.0		Caseload 18
Male 47.5%	AIDS 0.0	<b>PATIENT DAYS BY</b>	
Female 52.5	ALS 3.0	<b>LEVEL OF CARE</b>	
Total Patients 101	Other 14.9	Routine home care 96.0%	<b>STAFFING FTEs*</b>
	Total Patients 101	Continuous care 0.0	Administrators 1.6
<b>TOTAL ADMISSIONS 91</b>		Inpatient care: acute	Physicians 0.0
	<b>ADMISSIONS BY PAY SOURCE</b>	symptom mgmt 3.3	Registered Nurses 2.3
<b>TOTAL DISCHARGES 83</b>	Medicare 73.6%	Respite care 0.6	Lic. Prac. Nurses 0.0
	Medicaid 2.2	Total Patient Days 5,344	Hospice Aides 1.0
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 1.1		Physical Therapists 0.0
Hospice care not appropriate 3.6%	Managed Care/HMO 4.4	<b>CASELOAD ON 12/31/00</b>	Occupational Therapists 0.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Speech/Language
care provided by	Private Insurance 16.5	Private residence 61.1%	Pathologists 0.0
another hospice 1.2	Self Pay 2.2	Nursing home 5.6	Bereavement Counselors 1.0
Revocation of hospice benefit 3.6	Other 0.0	Hospice res. fac. 0.0	Social Workers 1.6
Other 0.0	Total Admissions 91	Assisted living:	Dietary 0.0
Deaths 91.6		Residential care	Other 1.2
Total Discharges 83	<b>DEATHS BY SITE</b>	apt. complex 0.0	Total FTEs 8.7
	<b>OF OCCURRENCE</b>	Adult family home 0.0	
	Private residence 60.5%	Community-based	* Full-time equivalents
	Nursing home 10.5	res. facility 33.3	
	Hospice res. fac. 0.0	Inpatient facility 0.0	Volunteers who served
<b>DISCHARGES BY LENGTH OF STAY</b>	Assisted living:	Other site 0.0	patients of the
1 - 7 days 22.9%	Residential care	Caseload 18	hospice in 2000: 43
8 - 14 days 26.5	apt. complex 0.0		
15 - 30 days 14.5	Adult family home 0.0		
31 - 60 days 14.5	Community-based		Total hours of
61 - 90 days 4.8	res. facility 10.5		service provided
91 - 180 days 9.6	Inpatient facility 18.4		during 2000 by these
181 days - 1 year 6.0	Other site 0.0		volunteers: 1,954
1 year or more 1.2	Total Deaths 76		
Total Discharges 83			

Ownership of Hospice:	Nonprofit Corporation
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	Yes
Licensed Hospice Residential Facility?	No

December 31, 2000 Caseload:	7
Unduplicated Patient Count for 2000:	54
Average Daily Census:	9
Medicare Certified Inpatient Facility?	No

Page 38

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm (cancer)	75.9%	Physician	50.0%	Medicare	71.4%
20 to 54	9.3			Hospital	29.6	Medicaid	0.0
55 to 64	7.4	Cardiovascular disease	11.1	Self-referral	0.0	Medicare/Medicaid	14.3
65 to 74	37.0			Patient's family	5.6	Managed Care/HMO	0.0
75 to 84	31.5	Pulmonary disease	3.7	Home health agency	11.1	PACE/Partnership	0.0
85 to 94	14.8	Renal failure/		Other	3.7	Private Insurance	14.3
95 & over	0.0	kidney disease	1.9	Total Patients	54	Self Pay	0.0
Total Patients	54	Diabetes	0.0			Other	0.0
		Alzheimer's disease	3.7			Caseload	7
Male	50.0%	AIDS	0.0	PATIENT DAYS BY LEVEL OF CARE			
Female	50.0	ALS	0.0	Routine home care	96.7%	STAFFING FTEs*	
Total Patients	54	Other	3.7	Continuous care	0.0	Administrators	1.1
		Total Patients	54	Inpatient care: acute symptom mgmt	1.2	Physicians	0.0
TOTAL ADMISSIONS	44			Respite care	2.0	Registered Nurses	2.8
		ADMISSIONS BY PAY SOURCE		Total Patient Days	3,387	Lic. Prac. Nurses	0.1
TOTAL DISCHARGES	47	Medicare	70.5%			Hospice Aides	1.2
		Medicaid	11.4	CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS			
REASON FOR DISCHARGE		Medicare/Medicaid	6.8	Private residence	85.7%	Speech/Language Pathologists	0.0
Hospice care not appropriate	8.5%	Managed Care/HMO	0.0	Nursing home	14.3	Bereavement Counselors	0.5
Transferred: care provided by another hospice	0.0	PACE/Partnership	0.0	Hospice res. fac.	0.0	Social Workers	1.3
Revocation of hospice benefit	0.0	Private Insurance	11.4	Assisted living: Residential care		Dietary	0.0
Other	0.0	Self Pay	0.0	apt. complex	0.0	Other	0.5
Deaths	91.5	Other	0.0	Adult family home	0.0	Total FTEs	7.5
Total Discharges	47	Total Admissions	44	Community-based res. facility	0.0	* Full-time equivalents	
				Inpatient facility	0.0	Volunteers who served patients of the hospice in 2000:	
DISCHARGES BY LENGTH OF STAY		DEATHS BY SITE OF OCCURRENCE		Other site	0.0	35	
1 - 7 days	19.1%	Private residence	65.1%	Caseload	7		
8 - 14 days	19.1	Nursing home	23.3			Total hours of service provided during 2000 by these volunteers:	
15 - 30 days	19.1	Hospice res. fac.	0.0			1,640	
31 - 60 days	10.6	Assisted living: Residential care					
61 - 90 days	10.6	apt. complex	0.0				
91 - 180 days	6.4	Adult family home	2.3				
181 days - 1 year	14.9	Community-based res. facility	2.3				
1 year or more	0.0	Inpatient facility	7.0				
Total Discharges	47	Other site	0.0				
		Total Deaths	43				

**Beloit Regional Hospice, Inc.**  
 2958 Prairie Avenue  
 Beloit WI 53511

License Number: 1525  
 County: Rock  
 (608) 363-7421

Page 39

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 18  
 Unduplicated Patient Count for 2000: 158  
 Average Daily Census: 21  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/00	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	33.5%	Medicare	100.0%
20 to 54	7.6	(cancer)	58.2%	Hospital	31.6	Medicaid	0.0
55 to 64	6.3	Cardiovascular		Self-referral	0.6	Medicare/Medicaid	0.0
65 to 74	25.3	disease	6.3	Patient's family	27.2	Managed Care/HMO	0.0
75 to 84	31.6	Pulmonary disease	11.4	Home health agency	5.1	PACE/Partnership	0.0
85 to 94	23.4	Renal failure/		Other	1.9	Private Insurance	0.0
95 & over	5.7	kidney disease	1.9	Total Patients	158	Self Pay	0.0
Total Patients	158	Diabetes	0.0			Other	0.0
		Alzheimer's disease	6.3			Caseload	18
Male	44.3%	AIDS	0.0	<b>PATIENT DAYS BY</b>			
Female	55.7	ALS	0.0	<b>LEVEL OF CARE</b>			
Total Patients	158	Other	15.8	Routine home care	99.4%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	158	Continuous care	0.0	Administrators	3.0
<b>TOTAL ADMISSIONS</b>	146			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.1	Registered Nurses	4.6
<b>TOTAL DISCHARGES</b>	147	Medicare	85.6%	Respite care	0.5	Lic. Prac. Nurses	0.3
		Medicaid	1.4	Total Patient Days	7,763	Hospice Aides	5.2
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	23.8%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	13.0	Private residence	83.3%	Pathologists	0.0
care provided by		Self Pay	0.0	Nursing home	5.6	Bereavement Counselors	0.7
another hospice	0.7	Other	0.0	Hospice res. fac.	0.0	Social Workers	2.3
Revocation of		Total Admissions	146	Assisted living:		Dietary	0.0
hospice benefit	2.0			Residential care		Other	2.5
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	0.0	Total FTEs	18.6
Deaths	73.5	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	147	Private residence	75.0%	Community-based		* Full-time equivalents	
		Nursing home	8.3	res. facility	11.1		
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	21.1%	Residential care		Caseload	18	hospice in 2000:	80
8 - 14 days	14.3	apt. complex	0.0				
15 - 30 days	32.7	Adult family home	0.0			Total hours of	
31 - 60 days	8.2	Community-based				service provided	
61 - 90 days	8.2	res. facility	14.8			during 2000 by these	
91 - 180 days	6.1	Inpatient facility	1.9			volunteers:	2,514
181 days - 1 year	8.8	Other site	0.0				
1 year or more	0.7	Total Deaths	108				
Total Discharges	147						

**Mercy Assisted Care, Inc.**  
 901 Mineral Point Avenue  
 Janesville WI 53545

License Number: 544  
 County: Rock  
 (608) 754-6920

Page 40

Ownership of Hospice:	Nonprofit Corporation	December 31, 2000 Caseload:	16
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	108
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	12
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.9%	Malignant neoplasm (cancer) 61.1%	Physician 39.8%	Medicare 87.5%
20 to 54 9.3	Cardiovascular disease 13.0	Hospital 25.9	Medicaid 0.0
55 to 64 11.1	Pulmonary disease 0.0	Self-referral 0.9	Medicare/Medicaid 0.0
65 to 74 28.7	Renal failure/kidney disease 0.0	Patient's family 5.6	Managed Care/HMO 6.3
75 to 84 25.9	Diabetes 0.0	Home health agency 1.9	PACE/Partnership 0.0
85 to 94 21.3	Alzheimer's disease 2.8	Other 25.9	Private Insurance 6.3
95 & over 2.8	AIDS 0.0	Total Patients 108	Self Pay 0.0
Total Patients 108	ALS 0.0		Other 0.0
Male 42.6%	Other 23.1		Caseload 16
Female 57.4	Total Patients 108	<b>PATIENT DAYS BY LEVEL OF CARE</b>	
Total Patients 108		Routine home care 99.7%	<b>STAFFING FTEs*</b>
<b>TOTAL ADMISSIONS 95</b>	<b>ADMISSIONS BY PAY SOURCE</b>	Continuous care 0.0	Administrators 0.2
<b>TOTAL DISCHARGES 95</b>	Medicare 81.1%	Inpatient care: acute symptom mgmt 0.2	Physicians 0.0
<b>REASON FOR DISCHARGE</b>	Medicaid 0.0	Respite care 0.1	Registered Nurses 3.0
Hospice care not appropriate 9.5%	Medicare/Medicaid 1.1	Total Patient Days 4,509	Lic. Prac. Nurses 0.0
Transferred: care provided by another hospice 1.1	Managed Care/HMO 8.4	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>	Hospice Aides 0.4
Revocation of hospice benefit 0.0	PACE/Partnership 0.0	Private residence 62.5%	Physical Therapists 0.0
Other 4.2	Private Insurance 7.4	Nursing home 6.3	Occupational Therapists 0.0
Deaths 85.3	Self Pay 1.1	Hospice res. fac. 25.0	Speech/Language Pathologists 0.0
Total Discharges 95	Other 1.1	Assisted living: Residential care	Bereavement Counselors 0.2
<b>DISCHARGES BY LENGTH OF STAY</b>	Total Admissions 95	apt. complex 0.0	Social Workers 0.6
1 - 7 days 27.4%	<b>DEATHS BY SITE OF OCCURRENCE</b>	Adult family home 0.0	Dietary 0.0
8 - 14 days 17.9	Private residence 61.7%	Community-based res. facility 6.3	Other 0.0
15 - 30 days 13.7	Nursing home 8.6	Inpatient facility 0.0	Total FTEs 4.4
31 - 60 days 9.5	Hospice res. fac. 25.9	Other site 0.0	
61 - 90 days 9.5	Assisted living: Residential care	Caseload 16	* Full-time equivalents
91 - 180 days 12.6	apt. complex 0.0		Volunteers who served patients of the hospice in 2000: 11
181 days - 1 year 8.4	Adult family home 0.0		Total hours of service provided during 2000 by these volunteers: 334
1 year or more 1.1	Community-based res. facility 3.7		
Total Discharges 95	Inpatient facility 0.0		
	Other site 0.0		
	Total Deaths 81		

**Heartland Hospice**  
 455 Davis Street, Box 487  
 Hammond WI 54015

License Number: 1521  
 County: St. Croix  
 (715) 796-2223

Page 41

Ownership of Hospice:	Nonprofit Corporation	December 31, 2000 Caseload:	10
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	83
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	10
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm 79.5%	Physician 27.7%	Medicare 70.0%
20 to 54 7.2	(cancer)	Hospital 25.3	Medicaid 0.0
55 to 64 14.5	Cardiovascular	Self-referral 3.6	Medicare/Medicaid 0.0
65 to 74 26.5	disease 8.4	Patient's family 16.9	Managed Care/HMO 20.0
75 to 84 30.1	Pulmonary disease 9.6	Home health agency 4.8	PACE/Partnership 0.0
85 to 94 19.3	Renal failure/	Other 21.7	Private Insurance 10.0
95 & over 2.4	kidney disease 2.4	Total Patients 83	Self Pay 0.0
Total Patients 83	Diabetes 0.0		Other 0.0
	Alzheimer's disease 0.0		Caseload 10
Male 47.0%	AIDS 0.0	<b>PATIENT DAYS BY</b>	
Female 53.0	ALS 0.0	<b>LEVEL OF CARE</b>	
Total Patients 83	Other 0.0	Routine home care 98.9%	<b>STAFFING FTEs*</b>
<b>TOTAL ADMISSIONS 77</b>	Total Patients 83	Continuous care 0.0	Administrators 0.8
	<b>ADMISSIONS BY PAY SOURCE</b>	Inpatient care: acute	Physicians 0.0
<b>TOTAL DISCHARGES 74</b>	Medicare 80.5%	symptom mgmt 0.2	Registered Nurses 1.5
	Medicaid 0.0	Respite care 1.0	Lic. Prac. Nurses 0.0
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0	Total Patient Days 3,572	Hospice Aides 0.3
Hospice care not appropriate 5.4%	Managed Care/HMO 3.9	<b>CASELOAD ON 12/31/00</b>	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Occupational Therapists 0.0
care provided by	Private Insurance 14.3	Private residence 80.0%	Speech/Language
another hospice 1.4	Self Pay 0.0	Nursing home 20.0	Pathologists 0.0
Revocation of	Other 1.3	Hospice res. fac. 0.0	Bereavement Counselors 0.5
hospice benefit 1.4	Total Admissions 77	Assisted living:	Social Workers 0.8
Other 0.0	<b>DEATHS BY SITE</b>	Residential care	Dietary 0.0
Deaths 91.9	<b>OF OCCURRENCE</b>	apt. complex 0.0	Other 0.2
Total Discharges 74	Private residence 73.5%	Adult family home 0.0	Total FTEs 4.1
	Nursing home 22.1	Community-based	* Full-time equivalents
<b>DISCHARGES BY</b>	Hospice res. fac. 0.0	res. facility 0.0	
<b>LENGTH OF STAY</b>	Assisted living:	Inpatient facility 0.0	Volunteers who served
1 - 7 days 18.9%	Residential care	Other site 0.0	patients of the
8 - 14 days 12.2	apt. complex 0.0	Caseload 10	hospice in 2000: 43
15 - 30 days 23.0	Adult family home 0.0		
31 - 60 days 29.7	Community-based		
61 - 90 days 6.8	res. facility 0.0		
91 - 180 days 6.8	Inpatient facility 4.4		
181 days - 1 year 2.7	Other site 0.0		
1 year or more 0.0	Total Deaths 68		
Total Discharges 74			

Total hours of  
 service provided  
 during 2000 by these  
 volunteers: 1,211



Home Health United Hospice, Inc.  
520 South Boulevard  
Baraboo WI 53913

License Number: 1522  
County: Sauk  
(608) 356-2288

Page 42

Ownership of Hospice:	Nonprofit Corporation
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	Yes
Licensed Hospice Residential Facility?	No

December 31, 2000 Caseload:	24
Unduplicated Patient Count for 2000:	181
Average Daily Census:	21
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT		REFERRAL SOURCE OF UNDUPLICATED PATIENT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm (cancer)	80.1%	Physician	62.4%	Medicare	79.2%
20 to 54	6.6			Hospital	26.5	Medicaid	0.0
55 to 64	12.7	Cardiovascular disease	3.9	Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	22.7			Patient's family	7.2	Managed Care/HMO	8.3
75 to 84	35.4	Pulmonary disease	0.0	Home health agency	0.6	PACE/Partnership	0.0
85 to 94	21.0	Renal failure/		Other	3.3	Private Insurance	12.5
95 & over	1.7	kidney disease	0.6	Total Patients	181	Self Pay	0.0
Total Patients	181	Diabetes	0.6			Other	0.0
		Alzheimer's disease	3.3			Caseload	24
Male	46.4%	AIDS	0.0	PATIENT DAYS BY LEVEL OF CARE			
Female	53.6	ALS	0.6	Routine home care	99.6%	STAFFING	FTEs*
Total Patients	181	Other	11.0	Continuous care	0.0	Administrators	0.8
TOTAL ADMISSIONS	175	Total Patients	181	Inpatient care: acute symptom mgmt	0.2	Physicians	0.0
		ADMISSIONS BY PAY SOURCE		Respite care	0.3	Registered Nurses	3.1
TOTAL DISCHARGES	168	Medicare	78.9%	Total Patient Days	7,699	Lic. Prac. Nurses	0.0
		Medicaid	1.7			Hospice Aides	2.8
REASON FOR DISCHARGE		Medicare/Medicaid	0.0	CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS		Physical Therapists	0.0
Hospice care not appropriate	0.0%	Managed Care/HMO	2.9	Private residence	83.3%	Occupational Therapists	0.0
Transferred: care provided by another hospice	0.0	PACE/Partnership	0.0	Nursing home	4.2	Speech/Language Pathologists	0.0
Revocation of hospice benefit	13.7	Private Insurance	16.0	Hospice res. fac.	0.0	Bereavement Counselors	0.0
Other	3.0	Self Pay	0.0	Assisted living: Residential care apt. complex	0.0	Social Workers	1.4
Deaths	83.3	Other	0.6			Dietary	0.0
Total Discharges	168	Total Admissions	175	Adult family home	0.0	Other	0.0
		DEATHS BY SITE OF OCCURRENCE		Community-based res. facility	12.5	Total FTEs	8.2
DISCHARGES BY LENGTH OF STAY		Private residence	83.6%	Inpatient facility	0.0	* Full-time equivalents	
1 - 7 days	22.6%	Nursing home	2.1	Other site	0.0	Volunteers who served patients of the hospice in 2000:	44
8 - 14 days	16.7	Hospice res. fac.	0.0	Caseload	24		
15 - 30 days	23.8	Assisted living: Residential care apt. complex	0.0			Total hours of service provided during 2000 by these volunteers:	1,153
31 - 60 days	14.9	Adult family home	0.0				
61 - 90 days	8.9	Community-based res. facility	12.9				
91 - 180 days	10.1	Inpatient facility	1.4				
181 days - 1 year	3.0	Other site	0.0				
1 year or more	0.0	Total Deaths	140				
Total Discharges	168						

December 31, 2000 Caseload:	5
Unduplicated Patient Count for 2000:	77
Average Daily Census:	10
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	97.4%	Medicare	80.0%
20 to 54	3.9	(cancer)	89.6%	Hospital	1.3	Medicaid	0.0
55 to 64	18.2	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	27.3	disease	2.6	Patient's family	0.0	Managed Care/HMO	0.0
75 to 84	39.0	Pulmonary disease	3.9	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	10.4	Renal failure/		Other	1.3	Private Insurance	20.0
95 & over	1.3	kidney disease	1.3	Total Patients	77	Self Pay	0.0
Total Patients	77	Diabetes	0.0			Other	0.0
		Alzheimer's disease	1.3			Caseload	5
Male	51.9%	AIDS	0.0	PATIENT DAYS BY			
Female	48.1	ALS	0.0	LEVEL OF CARE			
Total Patients	77	Other	1.3	Routine home care	98.0%	STAFFING FTEs*	
		Total Patients	77	Continuous care	0.0	Administrators	1.0
TOTAL ADMISSIONS	67	ADMISSIONS BY PAY SOURCE		Inpatient care: acute		Physicians	0.1
		Medicare	79.1%	symptom mgmt	1.9	Registered Nurses	1.0
TOTAL DISCHARGES	74	Medicaid	1.5	Respite care	0.1	Lic. Prac. Nurses	0.0
		Medicare/Medicaid	0.0	Total Patient Days	3,807	Hospice Aides	0.0
REASON FOR DISCHARGE		Managed Care/HMO	0.0	CASELOAD ON 12/31/00			
Hospice care not		PACE/Partnership	0.0	BY LIVING ARRANGEMENTS			
appropriate	6.8%	Private Insurance	16.4	Private residence	80.0%	Speech/Language	
Transferred:		Self Pay	3.0	Nursing home	20.0	Pathologists	0.0
care provided by		Other	0.0	Hospice res. fac.	0.0	Bereavement Counselors	0.1
another hospice	2.7	Total Admissions	67	Assisted living:		Social Workers	0.5
Revocation of				Residential care		Dietary	0.0
hospice benefit	6.8			apt. complex	0.0	Other	0.5
Other	0.0	DEATHS BY SITE		Adult family home	0.0	Total FTEs	3.3
Deaths	83.8	OF OCCURRENCE		Community-based		* Full-time equivalents	
Total Discharges	74	Private residence	82.3%	res. facility	0.0		
		Nursing home	8.1	Inpatient facility	0.0	Volunteers who served	
		Hospice res. fac.	0.0	Other site	0.0	patients of the	
DISCHARGES BY		Assisted living:		Caseload	5	hospice in 2000:	
LENGTH OF STAY		Residential care				44	
1 - 7 days	21.6%	apt. complex	0.0				
8 - 14 days	16.2	Adult family home	0.0			Total hours of	
15 - 30 days	6.8	Community-based				service provided	
31 - 60 days	25.7	res. facility	0.0			during 2000 by these	
61 - 90 days	10.8	Inpatient facility	9.7			volunteers:	
91 - 180 days	13.5	Other site	0.0			1,091	
181 days - 1 year	5.4	Total Deaths	62				
1 year or more	0.0						
Total Discharges	74						

**Community Home Hospice**  
1601 North Taylor Drive  
Sheboygan WI 53081

License Number: 532  
County: Sheboygan  
(920) 457-5770

Page 44

Ownership of Hospice: Nonprofit Church  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 9  
Unduplicated Patient Count for 2000: 129  
Average Daily Census: 21  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/00	
UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	UNDULICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	41.1%	Medicare	88.9%
20 to 54	7.8	(cancer)	72.1%	Hospital	1.6	Medicaid	0.0
55 to 64	8.5	Cardiovascular		Self-referral	5.4	Medicare/Medicaid	0.0
65 to 74	28.7	disease	11.6	Patient's family	45.7	Managed Care/HMO	0.0
75 to 84	34.9	Pulmonary disease	0.8	Home health agency	5.4	PACE/Partnership	0.0
85 to 94	18.6	Renal failure/		Other	0.8	Private Insurance	11.1
95 & over	1.6	kidney disease	0.0	Total Patients	129	Self Pay	0.0
Total Patients	129	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.0			Caseload	9
Male	51.2%	AIDS	0.8	<b>PATIENT DAYS BY</b>			
Female	48.8	ALS	0.8	<b>LEVEL OF CARE</b>			
Total Patients	129	Other	14.0	Routine home care	99.7%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	129	Continuous care	0.0	Administrators	0.6
<b>TOTAL ADMISSIONS</b>	109			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.1	Registered Nurses	2.3
<b>TOTAL DISCHARGES</b>	120	Medicare	91.7%	Respite care	0.2	Lic. Prac. Nurses	0.0
		Medicaid	0.0	Total Patient Days	7,514	Hospice Aides	0.5
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	0.8%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	8.3	Private residence	66.7%	Pathologists	0.0
care provided by		Self Pay	0.0	Nursing home	22.2	Bereavement Counselors	0.3
another hospice	0.0	Other	0.0	Hospice res. fac.	0.0	Social Workers	0.4
Revocation of		Total Admissions	109	Assisted living:		Dietary	0.0
hospice benefit	8.3			Residential care		Other	0.4
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	0.0	Total FTEs	4.3
Deaths	90.8	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	120	Private residence	76.1%	Community-based		* Full-time equivalents	
		Nursing home	20.2	res. facility	11.1		
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	15.0%	Residential care		Caseload	9	hospice in 2000:	31
8 - 14 days	10.8	apt. complex	0.0				
15 - 30 days	24.2	Adult family home	0.0			Total hours of	
31 - 60 days	20.8	Community-based				service provided	
61 - 90 days	7.5	res. facility	1.8			during 2000 by these	
91 - 180 days	11.7	Inpatient facility	1.8			volunteers:	723
181 days - 1 year	9.2	Other site	0.0				
1 year or more	0.8	Total Deaths	109				
Total Discharges	120						

VNA of WI Hospice - Sheboygan  
2314 Kohler Memorial Drive  
Sheboygan WI 53081

License Number: 529  
County: Sheboygan  
(800) 686-4314

Page 45

Ownership of Hospice:	Nonprofit Corporation	December 31, 2000 Caseload:	31
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	250
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	30
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDULICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDULICATED PATIENT COUNT	REFERRAL SOURCE OF UNDULICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 1.6%	Malignant neoplasm	Physician 62.4%	Medicare 93.5%
20 to 54 5.2	(cancer) 64.4%	Hospital 21.6	Medicaid 0.0
55 to 64 12.4	Cardiovascular	Self-referral 0.0	Medicare/Medicaid 3.2
65 to 74 22.4	disease 16.8	Patient's family 10.4	Managed Care/HMO 0.0
75 to 84 34.0	Pulmonary disease 4.8	Home health agency 0.0	PACE/Partnership 0.0
85 to 94 22.0	Renal failure/	Other 5.6	Private Insurance 3.2
95 & over 2.4	kidney disease 0.8	Total Patients 250	Self Pay 0.0
Total Patients 250	Diabetes 0.0		Other 0.0
	Alzheimer's disease 12.0		Caseload 31
Male 47.2%	AIDS 0.0	<b>PATIENT DAYS BY</b>	
Female 52.8	ALS 0.0	<b>LEVEL OF CARE</b>	
Total Patients 250	Other 1.2	Routine home care 99.2%	<b>STAFFING FTEs*</b>
	Total Patients 250	Continuous care 0.0	Administrators 3.6
<b>TOTAL ADMISSIONS 222</b>		Inpatient care: acute	Physicians 0.0
	<b>ADMISSIONS BY PAY SOURCE</b>	symptom mgmt 0.5	Registered Nurses 13.1
<b>TOTAL DISCHARGES 220</b>	Medicare 81.1%	Respite care 0.2	Lic. Prac. Nurses 3.0
	Medicaid 3.2	Total Patient Days 10,868	Hospice Aides 23.1
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0		Physical Therapists 1.0
Hospice care not appropriate 1.4%	Managed Care/HMO 0.0	<b>CASELOAD ON 12/31/00</b>	Occupational Therapists 0.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Speech/Language
care provided by	Private Insurance 15.8	Private residence 77.4%	Pathologists 0.0
another hospice 0.9	Self Pay 0.0	Nursing home 16.1	Bereavement Counselors 0.4
Revocation of	Other 0.0	Hospice res. fac. 0.0	Social Workers 0.3
hospice benefit 5.0	Total Admissions 222	Assisted living:	Dietary 0.0
Other 0.5		Residential care	Other 0.0
Deaths 92.3	<b>DEATHS BY SITE</b>	apt. complex 0.0	Total FTEs 44.4
Total Discharges 220	<b>OF OCCURRENCE</b>	Adult family home 0.0	
	Private residence 75.9%	Community-based	* Full-time equivalents
	Nursing home 18.2	res. facility 6.5	
	Hospice res. fac. 0.0	Inpatient facility 0.0	Volunteers who served
<b>DISCHARGES BY</b>	Assisted living:	Other site 0.0	patients of the
<b>LENGTH OF STAY</b>	Residential care	Caseload 31	hospice in 2000: 37
1 - 7 days 25.9%	apt. complex 0.0		
8 - 14 days 18.2	Adult family home 0.0		
15 - 30 days 19.5	Community-based		
31 - 60 days 11.4	res. facility 1.0		
61 - 90 days 6.4	Inpatient facility 4.9		
91 - 180 days 12.3	Other site 0.0		
181 days - 1 year 5.0	Total Deaths 203		
1 year or more 1.4			
Total Discharges 220			Total hours of service provided during 2000 by these volunteers: 2,723

**Hope Hospice & Palliative Care, Inc.**  
657 McComb Avenue  
Rib Lake WI 54470

License Number: 1517  
County: Taylor  
(715) 427-3532

Page 46

Ownership of Hospice:	Nonprofit Corporation	December 31, 2000 Caseload:	11
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	56
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	11
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT	COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT	COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT	COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	66.1%	Medicare	100.0%
20 to 54	12.5	(cancer)	58.9%	Hospital	16.1	Medicaid	0.0
55 to 64	12.5	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	17.9	disease	10.7	Patient's family	10.7	Managed Care/HMO	0.0
75 to 84	21.4	Pulmonary disease	8.9	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	30.4	Renal failure/		Other	7.1	Private Insurance	0.0
95 & over	5.4	kidney disease	3.6	Total Patients	56	Self Pay	0.0
Total Patients	56	Diabetes	0.0			Other	0.0
		Alzheimer's disease	8.9			Caseload	11
Male	48.2%	AIDS	0.0	<b>PATIENT DAYS BY</b>			
Female	51.8	ALS	0.0	<b>LEVEL OF CARE</b>			
Total Patients	56	Other	8.9	Routine home care	99.9%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	56	Continuous care	0.0	Administrators	1.0
<b>TOTAL ADMISSIONS</b>	52			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.0	Registered Nurses	2.6
<b>TOTAL DISCHARGES</b>	51	Medicare	78.8%	Respite care	0.1	Lic. Prac. Nurses	0.0
		Medicaid	3.8	Total Patient Days	4,032	Hospice Aides	1.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	2.0%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	11.5	Private residence	72.7%	Pathologists	0.0
care provided by		Self Pay	5.8	Nursing home	27.3	Bereavement Counselors	0.4
another hospice	2.0	Other	0.0	Hospice res. fac.	0.0	Social Workers	0.4
Revocation of		Total Admissions	52	Assisted living:		Dietary	0.0
hospice benefit	13.7			Residential care		Other	1.4
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	0.0	Total FTEs	6.8
Deaths	82.4	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	51	Private residence	69.0%	Community-based		* Full-time equivalents	
		Nursing home	28.6	res. facility	0.0		
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	23.5%	Residential care		Caseload	11	hospice in 2000:	26
8 - 14 days	7.8	apt. complex	0.0				
15 - 30 days	19.6	Adult family home	0.0			Total hours of	
31 - 60 days	15.7	Community-based				service provided	
61 - 90 days	7.8	res. facility	2.4			during 2000 by these	
91 - 180 days	13.7	Inpatient facility	0.0			volunteers:	2,715
181 days - 1 year	7.8	Other site	0.0				
1 year or more	3.9	Total Deaths	42				
Total Discharges	51						

Vernon Memorial Hospice  
507 South Main Street  
Viroqua WI 54665

License Number: 514  
County: Vernon  
(608) 637-4362

Page 47

Ownership of Hospice:	Nonprofit Corporation	December 31, 2000 Caseload:	3
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	41
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	5
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm	Physician 56.1%	Medicare 100.0%
20 to 54 2.4	(cancer) 63.4%	Hospital 22.0	Medicaid 0.0
55 to 64 12.2	Cardiovascular	Self-referral 0.0	Medicare/Medicaid 0.0
65 to 74 26.8	disease 12.2	Patient's family 9.8	Managed Care/HMO 0.0
75 to 84 26.8	Pulmonary disease 0.0	Home health agency 2.4	PACE/Partnership 0.0
85 to 94 31.7	Renal failure/	Other 9.8	Private Insurance 0.0
95 & over 0.0	kidney disease 2.4	Total Patients 41	Self Pay 0.0
Total Patients 41	Diabetes 0.0		Other 0.0
	Alzheimer's disease 0.0		Caseload 3
Male 48.8%	AIDS 0.0	<b>PATIENT DAYS BY</b>	
Female 51.2	ALS 0.0	<b>LEVEL OF CARE</b>	
Total Patients 41	Other 22.0	Routine home care 98.4%	<b>STAFFING FTEs*</b>
<b>TOTAL ADMISSIONS 37</b>	Total Patients 41	Continuous care 0.0	Administrators 0.5
	<b>ADMISSIONS BY PAY SOURCE</b>	Inpatient care: acute	Physicians 0.0
<b>TOTAL DISCHARGES 39</b>	Medicare 73.0%	symptom mgmt 0.8	Registered Nurses 1.6
	Medicaid 10.8	Respite care 0.8	Lic. Prac. Nurses 0.0
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 0.0	Total Patient Days 1,932	Hospice Aides 0.6
Hospice care not appropriate 0.0%	Managed Care/HMO 0.0	<b>CASELOAD ON 12/31/00</b>	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Occupational Therapists 0.0
care provided by	Private Insurance 16.2	Private residence 100.0%	Speech/Language
another hospice 0.0	Self Pay 0.0	Nursing home 0.0	Pathologists 0.0
Revocation of	Other 0.0	Hospice res. fac. 0.0	Bereavement Counselors 0.0
hospice benefit 5.1	Total Admissions 37	Assisted living:	Social Workers 0.8
Other 0.0	<b>DEATHS BY SITE</b>	Residential care	Dietary 0.0
Deaths 94.9	<b>OF OCCURRENCE</b>	apt. complex 0.0	Other 1.0
Total Discharges 39	Private residence 51.4%	Adult family home 0.0	Total FTEs 4.5
	Nursing home 35.1	Community-based	* Full-time equivalents
<b>DISCHARGES BY</b>	Hospice res. fac. 0.0	res. facility 0.0	
<b>LENGTH OF STAY</b>	Assisted living:	Inpatient facility 0.0	Volunteers who served
1 - 7 days 20.5%	Residential care	Other site 0.0	patients of the
8 - 14 days 20.5	apt. complex 0.0	Caseload 3	hospice in 2000: 6
15 - 30 days 23.1	Adult family home 0.0		
31 - 60 days 15.4	Community-based		Total hours of
61 - 90 days 5.1	res. facility 0.0		service provided
91 - 180 days 7.7	Inpatient facility 10.8		during 2000 by these
181 days - 1 year 7.7	Other site 2.7		volunteers: 235
1 year or more 0.0	Total Deaths 37		
Total Discharges 39			

**Odyssey Healthcare of Milwaukee, Inc.**  
 4125 North 124th Street  
 Brookfield WI 53005

License Number: 553  
 County: Waukesha  
 (414) 790-1720

Page 48

Ownership of Hospice:	Proprietary Corporation	December 31, 2000 Caseload:	123
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	524
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	89
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT	COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT	COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT	COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	2.7%	Medicare	35.0%
20 to 54	2.3	(cancer)	26.0%	Hospital	3.1	Medicaid	0.8
55 to 64	3.8	Cardiovascular		Self-referral	0.4	Medicare/Medicaid	62.6
65 to 74	12.2	disease	8.6	Patient's family	1.0	Managed Care/HMO	0.0
75 to 84	31.7	Pulmonary disease	0.0	Home health agency	0.2	PACE/Partnership	0.0
85 to 94	41.8	Renal failure/		Other	92.7	Private Insurance	0.0
95 & over	8.2	kidney disease	1.5	Total Patients	524	Self Pay	0.8
Total Patients	524	Diabetes	0.8			Other	0.8
		Alzheimer's disease	27.1			Caseload	123
Male	34.2%	AIDS	0.4	<b>PATIENT DAYS BY</b>			
Female	65.8	ALS	0.0	<b>LEVEL OF CARE</b>			
Total Patients	524	Other	35.7	Routine home care	99.8%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	524	Continuous care	0.1	Administrators	1.0
<b>TOTAL ADMISSIONS</b>	495			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.0	Registered Nurses	10.0
<b>TOTAL DISCHARGES</b>	410	Medicare	37.4%	Respite care	0.0	Lic. Prac. Nurses	1.0
		Medicaid	2.6	Total Patient Days	32,639	Hospice Aides	11.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	58.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	2.7%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	1.4	Private residence	12.2%	Pathologists	0.0
care provided by		Self Pay	0.4	Nursing home	87.8	Bereavement Counselors	4.0
another hospice	1.5	Other	0.2	Hospice res. fac.	0.0	Social Workers	3.0
Revocation of		Total Admissions	495	Assisted living:		Dietary	0.0
hospice benefit	5.6			Residential care		Other	18.0
Other	1.2	<b>DEATHS BY SITE</b>		apt. complex	0.0	Total FTEs	48.0
Deaths	89.0	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	410	Private residence	8.5%	Community-based		* Full-time equivalents	
		Nursing home	91.0	res. facility	0.0		
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	34.1%	Residential care		Caseload	123	hospice in 2000:	40
8 - 14 days	13.9	apt. complex	0.0				
15 - 30 days	10.7	Adult family home	0.0			Total hours of	
31 - 60 days	14.9	Community-based				service provided	
61 - 90 days	8.0	res. facility	0.0			during 2000 by these	
91 - 180 days	11.0	Inpatient facility	0.5			volunteers:	1,753
181 days - 1 year	6.3	Other site	0.0				
1 year or more	1.0	Total Deaths	365				
Total Discharges	410						

**Rolland Nelson Crossroads Hospice**  
 1020 James Drive  
 Hartland WI 53029

License Number: 527  
 County: Waukesha  
 (262) 928-7444

Page 49

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 37  
 Unduplicated Patient Count for 2000: 267  
 Average Daily Census: 37  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	24.0%	Medicare	89.2%
20 to 54	6.7	(cancer)	64.8%	Hospital	33.7	Medicaid	0.0
55 to 64	9.7	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	20.6	disease	19.5	Patient's family	4.1	Managed Care/HMO	0.0
75 to 84	37.1	Pulmonary disease	6.7	Home health agency	0.7	PACE/Partnership	0.0
85 to 94	25.8	Renal failure/		Other	37.5	Private Insurance	10.8
95 & over	0.0	kidney disease	4.9	Total Patients	267	Self Pay	0.0
Total Patients	267	Diabetes	0.0			Other	0.0
		Alzheimer's disease	4.1			Caseload	37
Male	43.4%	AIDS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Female	56.6	ALS	0.0	Routine home care	99.6%	Administrators	2.0
Total Patients	267	Other	0.0	Continuous care	0.0	Physicians	0.0
<b>TOTAL ADMISSIONS</b>	<b>285</b>	Total Patients	<b>267</b>	Inpatient care: acute		Registered Nurses	4.4
<b>TOTAL DISCHARGES</b>	<b>278</b>	<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.4	Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare	80.0%	Respite care	0.1	Hospice Aides	3.0
Hospice care not		Medicaid	1.1	Total Patient Days	13,643	Physical Therapists	0.0
appropriate	4.7%	Medicare/Medicaid	0.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Occupational Therapists	0.0
Transferred:		Managed Care/HMO	2.1	Private residence	51.4%	Speech/Language	
care provided by		PACE/Partnership	0.0	Nursing home	48.6	Pathologists	0.0
another hospice	2.2	Private Insurance	15.1	Hospice res. fac.	0.0	Bereavement Counselors	0.4
Revocation of		Self Pay	1.8	Assisted living:		Social Workers	1.0
hospice benefit	4.0	Other	0.0	Residential care		Dietary	0.0
Other	0.0	Total Admissions	<b>285</b>	apt. complex	0.0	Other	0.8
Deaths	89.2	<b>DEATHS BY SITE OF OCCURRENCE</b>		Adult family home	0.0	Total FTEs	11.6
Total Discharges	278	Private residence	73.4%	Community-based		* Full-time equivalents	
		Nursing home	25.0	res. facility	0.0	Volunteers who served	
<b>DISCHARGES BY LENGTH OF STAY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	patients of the	
1 - 7 days	33.1%	Assisted living:		Other site	0.0	hospice in 2000:	
8 - 14 days	15.1	Residential care		Caseload	37	55	
15 - 30 days	20.1	apt. complex	0.0			Total hours of	
31 - 60 days	17.3	Adult family home	0.0			service provided	
61 - 90 days	4.3	Community-based				during 2000 by these	
91 - 180 days	5.0	res. facility	0.0			volunteers:	
181 days - 1 year	4.0	Inpatient facility	1.6			2,801	
1 year or more	1.1	Other site	0.0				
Total Discharges	278	Total Deaths	248				



Hospice Program of Waupaca County  
811 Harding Street  
Waupaca WI 54981

License Number: 536  
County: Waupaca  
(715) 258-6300

Page 50

Ownership of Hospice: Governmental County  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 4  
Unduplicated Patient Count for 2000: 41  
Average Daily Census: 5  
Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	22.0%	Medicare	75.0%
20 to 54	17.1	(cancer)	82.9%	Hospital	17.1	Medicaid	25.0
55 to 64	19.5	Cardiovascular		Self-referral	4.9	Medicare/Medicaid	0.0
65 to 74	19.5	disease	4.9	Patient's family	43.9	Managed Care/HMO	0.0
75 to 84	31.7	Pulmonary disease	7.3	Home health agency	4.9	PACE/Partnership	0.0
85 to 94	12.2	Renal failure/		Other	7.3	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Total Patients	41	Self Pay	0.0
Total Patients	41	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.0			Caseload	4
Male	46.3%	AIDS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Female	53.7	ALS	4.9	Routine home care	99.7%	Administrators	0.7
Total Patients	41	Other	0.0	Continuous care	0.0	Physicians	0.0
		Total Patients	41	Inpatient care: acute		Registered Nurses	0.4
<b>TOTAL ADMISSIONS</b>	37			symptom mgmt	0.0	Lic. Prac. Nurses	0.0
<b>TOTAL DISCHARGES</b>	37	<b>ADMISSIONS BY PAY SOURCE</b>		Respite care	0.3	Hospice Aides	0.2
		Medicare	67.6%	Total Patient Days	1,893	Physical Therapists	0.0
		Medicaid	5.4			Occupational Therapists	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Speech/Language	
Hospice care not		Managed Care/HMO	0.0	Private residence	100.0%	Pathologists	0.0
appropriate	0.0%	PACE/Partnership	0.0	Nursing home	0.0	Bereavement Counselors	0.1
Transferred:		Private Insurance	18.9	Hospice res. fac.	0.0	Social Workers	0.6
care provided by		Self Pay	0.0	Assisted living:		Dietary	0.0
another hospice	0.0	Other	8.1	Residential care		Other	0.0
Revocation of		Total Admissions	37	apt. complex	0.0	Total FTEs	1.8
hospice benefit	5.4			Adult family home	0.0		
Other	0.0	<b>DEATHS BY SITE</b>		Community-based		* Full-time equivalents	
Deaths	94.6	<b>OF OCCURRENCE</b>		res. facility	0.0	Volunteers who served	
Total Discharges	37	Private residence	88.6%	Inpatient facility	0.0	patients of the	
		Nursing home	2.9	Other site	0.0	hospice in 2000:	
		Hospice res. fac.	0.0	Caseload	4	24	
<b>DISCHARGES BY LENGTH OF STAY</b>		Assisted living:				Total hours of	
1 - 7 days	24.3%	Residential care				service provided	
8 - 14 days	16.2	apt. complex	0.0			during 2000 by these	
15 - 30 days	27.0	Adult family home	0.0			volunteers:	
31 - 60 days	10.8	Community-based				809	
61 - 90 days	8.1	res. facility	8.6				
91 - 180 days	5.4	Inpatient facility	0.0				
181 days - 1 year	5.4	Other site	0.0				
1 year or more	2.7	Total Deaths	35				
Total Discharges	37						

December 31, 2000 Caseload:	51
Unduplicated Patient Count for 2000:	296
Average Daily Census:	31
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/00	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	1.0%	Malignant neoplasm		Physician	58.1%	Medicare	86.3%
20 to 54	9.5	(cancer)	70.3%	Hospital	23.3	Medicaid	2.0
55 to 64	10.8	Cardiovascular		Self-referral	7.1	Medicare/Medicaid	0.0
65 to 74	28.0	disease	11.5	Patient's family	0.7	Managed Care/HMO	5.9
75 to 84	32.8	Pulmonary disease	5.1	Home health agency	9.1	PACE/Partnership	0.0
85 to 94	15.5	Renal failure/		Other	1.7	Private Insurance	5.9
95 & over	2.4	kidney disease	3.0	Total Patients	296	Self Pay	0.0
Total Patients	296	Diabetes	3.0			Other	0.0
		Alzheimer's disease	0.3			Caseload	51
Male	57.4%	AIDS	0.3	<b>PATIENT DAYS BY</b>			
Female	42.6	ALS	1.0	<b>LEVEL OF CARE</b>			
Total Patients	296	Other	5.4	Routine home care	99.8%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	296	Continuous care	0.0	Administrators	1.0
<b>TOTAL ADMISSIONS</b>	277			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.1	Registered Nurses	6.4
<b>TOTAL DISCHARGES</b>	253	Medicare	76.2%	Respite care	0.2	Lic. Prac. Nurses	0.0
		Medicaid	3.2	Total Patient Days	11,324	Hospice Aides	2.8
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	1.0
Hospice care not		Managed Care/HMO	10.1	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	0.8%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	10.5	Private residence	98.0%	Pathologists	0.0
care provided by		Self Pay	0.0	Nursing home	2.0	Bereavement Counselors	0.3
another hospice	0.8	Other	0.0	Hospice res. fac.	0.0	Social Workers	2.3
Revocation of		Total Admissions	277	Assisted living:		Dietary	0.0
hospice benefit	3.2			Residential care		Other	0.0
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	0.0	Total FTEs	13.7
Deaths	95.3	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	253	Private residence	94.2%	Community-based		* Full-time equivalents	
		Nursing home	3.7	res. facility	0.0		
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	31.2%	Residential care		Caseload	51	hospice in 2000:	74
8 - 14 days	14.2	apt. complex	0.0				
15 - 30 days	19.4	Adult family home	0.0			Total hours of	
31 - 60 days	13.8	Community-based				service provided	
61 - 90 days	10.3	res. facility	1.7			during 2000 by these	
91 - 180 days	7.1	Inpatient facility	0.4			volunteers:	2,062
181 days - 1 year	4.0	Other site	0.0				
1 year or more	0.0	Total Deaths	241				
Total Discharges	253						

**Affinity Visiting Nurses**  
 515 South Washburn, Suite 206  
 Oshkosh WI 54904

License Number: 1526  
 County: Winnebago  
 (920) 236-8500

Page 52

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2000 Caseload:	26
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	257
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	26
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT	COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT	COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT	COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.8%	Malignant neoplasm		Physician	59.5%	Medicare	88.5%
20 to 54	6.6	(cancer)	70.8%	Hospital	32.3	Medicaid	3.8
55 to 64	12.5	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	23.0	disease	8.9	Patient's family	0.4	Managed Care/HMO	7.7
75 to 84	32.7	Pulmonary disease	0.0	Home health agency	0.4	PACE/Partnership	0.0
85 to 94	20.6	Renal failure/		Other	7.4	Private Insurance	0.0
95 & over	3.9	kidney disease	0.4	Total Patients	257	Self Pay	0.0
Total Patients	257	Diabetes	0.0			Other	0.0
		Alzheimer's disease	2.7			Caseload	26
Male	52.1%	AIDS	0.0	<b>PATIENT DAYS BY</b>			
Female	47.9	ALS	0.4	<b>LEVEL OF CARE</b>			
Total Patients	257	Other	16.7	Routine home care	99.7%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	257	Continuous care	0.0	Administrators	0.2
<b>TOTAL ADMISSIONS</b>	217			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.1	Registered Nurses	5.5
<b>TOTAL DISCHARGES</b>	236	Medicare	82.9%	Respite care	0.3	Lic. Prac. Nurses	0.0
		Medicaid	1.4	Total Patient Days	9,431	Hospice Aides	2.2
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.9			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	14.7	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	5.1%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	0.0	Private residence	76.9%	Pathologists	0.0
care provided by		Self Pay	0.0	Nursing home	15.4	Bereavement Counselors	0.5
another hospice	0.4	Other	0.0	Hospice res. fac.	0.0	Social Workers	2.4
Revocation of		Total Admissions	217	Assisted living:		Dietary	0.0
hospice benefit	6.4			Residential care		Other	0.0
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	0.0	Total FTEs	10.9
Deaths	88.1	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	236	Private residence	82.2%	Community-based		* Full-time equivalents	
		Nursing home	14.4	res. facility	7.7		
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	26.7%	Residential care		Caseload	26	hospice in 2000:	50
8 - 14 days	11.9	apt. complex	1.0				
15 - 30 days	15.7	Adult family home	0.0			Total hours of	
31 - 60 days	19.1	Community-based				service provided	
61 - 90 days	11.4	res. facility	2.4			during 2000 by these	
91 - 180 days	7.6	Inpatient facility	0.0			volunteers:	1,475
181 days - 1 year	6.4	Other site	0.0				
1 year or more	1.3	Total Deaths	208				
Total Discharges	236						

Hospice Program/St. Joseph's Hospital  
611 St. Joseph Avenue  
Marshfield WI 54449

License Number: 1516  
County: Wood  
(715) 387-7052

Page 53

Ownership of Hospice:	Nonprofit Church/Corporation	December 31, 2000 Caseload:	35
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	230
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	37
Licensed Hospice Residential Facility?	Yes	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm	Physician 95.2%	Medicare 97.1%
20 to 54 8.3	(cancer) 74.8%	Hospital 1.7	Medicaid 0.0
55 to 64 11.3	Cardiovascular	Self-referral 0.0	Medicare/Medicaid 0.0
65 to 74 21.3	disease 11.7	Patient's family 1.3	Managed Care/HMO 0.0
75 to 84 33.5	Pulmonary disease 3.5	Home health agency 0.9	PACE/Partnership 0.0
85 to 94 22.6	Renal failure/	Other 0.9	Private Insurance 2.9
95 & over 3.0	kidney disease 2.2	Total Patients 230	Self Pay 0.0
Total Patients 230	Diabetes 0.0		Other 0.0
	Alzheimer's disease 0.9		Caseload 35
Male 52.2%	AIDS 0.0	<b>PATIENT DAYS BY</b>	
Female 47.8	ALS 2.2	<b>LEVEL OF CARE</b>	
Total Patients 230	Other 4.8	Routine home care 97.5%	<b>STAFFING FTEs*</b>
	Total Patients 230	Continuous care 0.0	Administrators 2.6
<b>TOTAL ADMISSIONS 192</b>		Inpatient care: acute	Physicians 0.3
	<b>ADMISSIONS BY PAY SOURCE</b>	symptom mgmt 2.4	Registered Nurses 4.6
<b>TOTAL DISCHARGES 197</b>	Medicare 71.4%	Respite care 0.2	Lic. Prac. Nurses 0.0
	Medicaid 2.6	Total Patient Days 13,562	Hospice Aides 1.6
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 8.3	<b>CASELOAD ON 12/31/00</b>	Physical Therapists 0.0
Hospice care not appropriate 4.6%	Managed Care/HMO 7.3	<b>BY LIVING ARRANGEMENTS</b>	Occupational Therapists 0.0
Transferred:	PACE/Partnership 0.0	Private residence 65.7%	Speech/Language
care provided by	Private Insurance 9.9	Nursing home 8.6	Pathologists 0.0
another hospice 1.0	Self Pay 0.5	Hospice res. fac. 22.9	Bereavement Counselors 1.0
Revocation of	Other 0.0	Assisted living:	Social Workers 2.0
hospice benefit 4.1	Total Admissions 192	Residential care	Dietary 0.0
Other 0.0		apt. complex 0.0	Other 4.0
Deaths 90.4	<b>DEATHS BY SITE</b>	Adult family home 0.0	Total FTEs 16.1
Total Discharges 197	<b>OF OCCURRENCE</b>	Community-based	
	Private residence 44.9%	res. facility 2.9	* Full-time equivalents
	Nursing home 10.7	Inpatient facility 0.0	Volunteers who served
<b>DISCHARGES BY</b>	Hospice res. fac. 25.8	Other site 0.0	patients of the
<b>LENGTH OF STAY</b>	Assisted living:	Caseload 35	hospice in 2000: 64
1 - 7 days 19.8%	Residential care		
8 - 14 days 10.7	apt. complex 0.0		
15 - 30 days 15.7	Adult family home 0.6		
31 - 60 days 24.4	Community-based		
61 - 90 days 10.7	res. facility 3.9		
91 - 180 days 7.6	Inpatient facility 14.0		
181 days - 1 year 6.1	Other site 0.0		
1 year or more 5.1	Total Deaths 178		
Total Discharges 197			Total hours of service provided during 2000 by these volunteers: 4,271

**Hospice of Dubuque**  
 2255 JFK Road, Asbury Square  
 Dubuque IA 52002

License Number: 562  
 County: Out of State  
 (563) 582-1220

Page 54

Ownership of Hospice: Nonprofit Corporation  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 4  
 Unduplicated Patient Count for 2000: 14  
 Average Daily Census: 1  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	21.4%	Medicare	100.0%
20 to 54	0.0	(cancer)	85.7%	Hospital	28.6	Medicaid	0.0
55 to 64	14.3	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	50.0	disease	0.0	Patient's family	35.7	Managed Care/HMO	0.0
75 to 84	21.4	Pulmonary disease	7.1	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	14.3	Renal failure/		Other	14.3	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Total Patients	14	Self Pay	0.0
Total Patients	14	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.0			Caseload	4
Male	42.9%	AIDS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>		<b>STAFFING FTEs*</b>	
Female	57.1	ALS	0.0	Routine home care	99.5%	Administrators	3.0
Total Patients	14	Other	7.1	Continuous care	0.0	Physicians	0.0
<b>TOTAL ADMISSIONS</b>	<b>15</b>	Total Patients	<b>14</b>	Inpatient care: acute		Registered Nurses	0.8
<b>TOTAL DISCHARGES</b>	<b>12</b>	<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.5	Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare	86.7%	Respite care	0.0	Hospice Aides	0.0
Hospice care not		Medicaid	0.0	Total Patient Days	441	Physical Therapists	0.0
appropriate	0.0%	Medicare/Medicaid	0.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Occupational Therapists	0.0
Transferred:		Managed Care/HMO	0.0	Private residence	25.0%	Speech/Language	
care provided by		PACE/Partnership	0.0	Nursing home	25.0	Pathologists	0.0
another hospice	8.3	Private Insurance	13.3	Hospice res. fac.	0.0	Bereavement Counselors	0.0
Revocation of		Self Pay	0.0	Assisted living:		Social Workers	1.5
hospice benefit	16.7	Other	0.0	Residential care		Dietary	0.0
Other	0.0	Total Admissions	15	apt. complex	0.0	Other	0.1
Deaths	75.0	<b>DEATHS BY SITE OF OCCURRENCE</b>		Adult family home	0.0	Total FTEs	5.4
Total Discharges	12	Private residence	88.9%	Community-based		* Full-time equivalents	
<b>DISCHARGES BY LENGTH OF STAY</b>		Nursing home	0.0	res. facility	0.0	Volunteers who served	
1 - 7 days	8.3%	Hospice res. fac.	0.0	Inpatient facility	0.0	patients of the	
8 - 14 days	50.0	Assisted living:		Other site	50.0	hospice in 2000:	
15 - 30 days	16.7	Residential care		Caseload	4	Total hours of	
31 - 60 days	8.3	apt. complex	0.0			service provided	
61 - 90 days	0.0	Adult family home	0.0			during 2000 by these	
91 - 180 days	16.7	Community-based				volunteers:	
181 days - 1 year	0.0	res. facility	0.0			64	
1 year or more	0.0	Inpatient facility	11.1				
Total Discharges	12	Other site	0.0				
		Total Deaths	9				

**SMDC Hospice & Palliative Care**  
 407 East Third Street  
 Duluth MN 55805

License Number: 535  
 County: Out of State  
 (218) 786-4020

Page 55

Ownership of Hospice: Private Nonprofit  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 14  
 Unduplicated Patient Count for 2000: 111  
 Average Daily Census: 14  
 Medicare Certified Inpatient Facility? Yes

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	45.9%	Medicare	85.7%
20 to 54	11.7	(cancer)	65.8%	Hospital	25.2	Medicaid	14.3
55 to 64	9.0	Cardiovascular		Self-referral	1.8	Medicare/Medicaid	0.0
65 to 74	18.9	disease	16.2	Patient's family	14.4	Managed Care/HMO	0.0
75 to 84	34.2	Pulmonary disease	9.0	Home health agency	3.6	PACE/Partnership	0.0
85 to 94	22.5	Renal failure/ kidney disease	0.9	Other	9.0	Private Insurance	0.0
95 & over	3.6	Diabetes	0.9	Total Patients	111	Self Pay	0.0
Total Patients	111	Alzheimer's disease	0.9			Other	0.0
Male	51.4%	AIDS	0.0			Caseload	14
Female	48.6	ALS	0.0	<b>PATIENT DAYS BY LEVEL OF CARE</b>			
Total Patients	111	Other	6.3	Routine home care	90.6%	<b>STAFFING FTEs*</b>	
		Total Patients	111	Continuous care	0.0	Administrators	0.1
<b>TOTAL ADMISSIONS</b>	102			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	9.2	Registered Nurses	1.1
<b>TOTAL DISCHARGES</b>	97	Medicare	78.4%	Respite care	0.3	Lic. Prac. Nurses	0.0
		Medicaid	13.7	Total Patient Days	5,264	Hospice Aides	1.1
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.1
Hospice care not appropriate	4.1%	Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00 BY LIVING ARRANGEMENTS</b>		Occupational Therapists	0.0
Transferred:		PACE/Partnership	0.0	Private residence	78.6%	Speech/Language	
care provided by		Private Insurance	5.9	Nursing home	21.4	Pathologists	0.0
another hospice	0.0	Self Pay	0.0	Hospice res. fac.	0.0	Bereavement Counselors	0.2
Revocation of		Other	2.0	Assisted living:		Social Workers	0.5
hospice benefit	5.2	Total Admissions	102	Residential care		Dietary	0.0
Other	0.0			apt. complex	0.0	Other	0.3
Deaths	90.7	<b>DEATHS BY SITE OF OCCURRENCE</b>		Adult family home	0.0	Total FTEs	3.3
Total Discharges	97	Private residence	63.6%	Community-based		* Full-time equivalents	
		Nursing home	11.4	res. facility	0.0		
<b>DISCHARGES BY LENGTH OF STAY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
1 - 7 days	20.6%	Assisted living:		Other site	0.0	patients of the	
8 - 14 days	3.1	Residential care		Caseload	14	hospice in 2000:	26
15 - 30 days	18.6	apt. complex	0.0				
31 - 60 days	12.4	Adult family home	0.0			Total hours of	
61 - 90 days	20.6	Community-based				service provided	
91 - 180 days	18.6	res. facility	0.0			during 2000 by these	
181 days - 1 year	4.1	Inpatient facility	25.0			volunteers:	4,227
1 year or more	2.1	Other site	0.0				
Total Discharges	97	Total Deaths	88				

**St. Luke's Hospice Duluth**  
810 East Fourth Street  
Duluth MN 55805

License Number: 537  
County: Out of State  
(218) 279-6100

Page 56

Ownership of Hospice:	Nonprofit Corporation	December 31, 2000 Caseload:	1
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	4
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	0
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	Yes

AGE AND SEX OF UNDUPLICATED PATIENT	COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT	COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT	COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	100.0%	Medicare	0.0%
20 to 54	0.0	(cancer)	100.0%	Hospital	0.0	Medicaid	0.0
55 to 64	50.0	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	0.0	disease	0.0	Patient's family	0.0	Managed Care/HMO	0.0
75 to 84	25.0	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	25.0	Renal failure/		Other	0.0	Private Insurance	100.0
95 & over	0.0	kidney disease	0.0	Total Patients	4	Self Pay	0.0
Total Patients	4	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.0			Caseload	1
Male	75.0%	AIDS	0.0	<b>PATIENT DAYS BY</b>			
Female	25.0	ALS	0.0	<b>LEVEL OF CARE</b>			
Total Patients	4	Other	0.0	Routine home care	92.9%	<b>STAFFING</b>	<b>FTEs*</b>
<b>TOTAL ADMISSIONS</b>	3	Total Patients	4	Continuous care	0.0	Administrators	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>		Inpatient care: acute		Physicians	0.0
<b>TOTAL DISCHARGES</b>	3	Medicare	66.7%	symptom mgmt	7.1	Registered Nurses	2.0
		Medicaid	0.0	Respite care	0.0	Lic. Prac. Nurses	0.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0	Total Patient Days	84	Hospice Aides	1.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Physical Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Occupational Therapists	0.0
Transferred:		Private Insurance	33.3	Private residence	100.0%	Speech/Language	
care provided by		Self Pay	0.0	Nursing home	0.0	Pathologists	0.0
another hospice	0.0	Other	0.0	Hospice res. fac.	0.0	Bereavement Counselors	0.0
Revocation of		Total Admissions	3	Assisted living:		Social Workers	1.0
hospice benefit	0.0			Residential care		Dietary	0.0
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	0.0	Other	0.0
Deaths	100.0	<b>OF OCCURRENCE</b>		Adult family home	0.0	Total FTEs	5.0
Total Discharges	3	Private residence	100.0%	Community-based			
		Nursing home	0.0	res. facility	0.0	* Full-time equivalents	
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	33.3%	Residential care		Caseload	1	hospice in 2000:	16
8 - 14 days	0.0	apt. complex	0.0				
15 - 30 days	33.3	Adult family home	0.0			Total hours of	
31 - 60 days	0.0	Community-based				service provided	
61 - 90 days	33.3	res. facility	0.0			during 2000 by these	
91 - 180 days	0.0	Inpatient facility	0.0			volunteers:	85
181 days - 1 year	0.0	Other site	0.0				
1 year or more	0.0	Total Deaths	3				
Total Discharges	3						

**Marquette General Home Health & Hospice**  
 Doctors Park, Suite # 101  
 Escanaba MI 49829

License Number: 551  
 County: Out of State  
 (906) 863-7877

Page 57

Ownership of Hospice: Private Nonprofit  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 1  
 Unduplicated Patient Count for 2000: 12  
 Average Daily Census: 3  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/00	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	25.0%	Medicare	100.0%
20 to 54	0.0	(cancer)	83.3%	Hospital	33.3	Medicaid	0.0
55 to 64	25.0	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	33.3	disease	8.3	Patient's family	16.7	Managed Care/HMO	0.0
75 to 84	16.7	Pulmonary disease	8.3	Home health agency	25.0	PACE/Partnership	0.0
85 to 94	25.0	Renal failure/		Other	0.0	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Total Patients	12	Self Pay	0.0
Total Patients	12	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.0			Caseload	1
Male	50.0%	AIDS	0.0	<b>PATIENT DAYS BY</b>			
Female	50.0	ALS	0.0	<b>LEVEL OF CARE</b>			
Total Patients	12	Other	0.0	Routine home care	100.0%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	12	Continuous care	0.0	Administrators	0.1
<b>TOTAL ADMISSIONS</b>	<b>11</b>			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.0	Registered Nurses	0.1
<b>TOTAL DISCHARGES</b>	<b>11</b>	Medicare	90.9%	Respite care	0.0	Lic. Prac. Nurses	0.0
		Medicaid	0.0	Total Patient Days	945	Hospice Aides	0.1
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	9.1	Private residence	100.0%	Pathologists	0.0
care provided by		Self Pay	0.0	Nursing home	0.0	Bereavement Counselors	0.0
another hospice	9.1	Other	0.0	Hospice res. fac.	0.0	Social Workers	0.0
Revocation of		Total Admissions	11	Assisted living:		Dietary	0.0
hospice benefit	36.4			Residential care		Other	0.0
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	0.0	Total FTEs	0.3
Deaths	54.5	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	11	Private residence	100.0%	Community-based		* Full-time equivalents	
		Nursing home	0.0	res. facility	0.0		
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	18.2%	Residential care		Caseload	1	hospice in 2000:	18
8 - 14 days	0.0	apt. complex	0.0				
15 - 30 days	18.2	Adult family home	0.0			Total hours of	
31 - 60 days	27.3	Community-based				service provided	
61 - 90 days	0.0	res. facility	0.0			during 2000 by these	
91 - 180 days	9.1	Inpatient facility	0.0			volunteers:	75
181 days - 1 year	27.3	Other site	0.0				
1 year or more	0.0	Total Deaths	6				
Total Discharges	11						



**Red Wing Regional Hospice**  
 434 West 4th, Suite 200  
 Red Wing MN 55066

License Number: 540  
 County: Out of State  
 (651) 385-3410

Page 58

Ownership of Hospice: Private Nonprofit  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Licensed Hospice Residential Facility? No

December 31, 2000 Caseload: 1  
 Unduplicated Patient Count for 2000: 6  
 Average Daily Census: 1  
 Medicare Certified Inpatient Facility? No

AGE AND SEX OF		PRINCIPAL DIAGNOSIS OF		REFERRAL SOURCE OF		CASELOAD ON 12/31/00	
UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	UNDUPLICATED PATIENT	COUNT	BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	0.0%	Medicare	100.0%
20 to 54	0.0	(cancer)	83.3%	Hospital	33.3	Medicaid	0.0
55 to 64	16.7	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	33.3	disease	16.7	Patient's family	66.7	Managed Care/HMO	0.0
75 to 84	33.3	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	16.7	Renal failure/		Other	0.0	Private Insurance	0.0
95 & over	0.0	kidney disease	0.0	Total Patients	6	Self Pay	0.0
Total Patients	6	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.0			Caseload	1
Male	50.0%	AIDS	0.0	<b>PATIENT DAYS BY</b>			
Female	50.0	ALS	0.0	<b>LEVEL OF CARE</b>			
Total Patients	6	Other	0.0	Routine home care	100.0%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	6	Continuous care	0.0	Administrators	1.0
<b>TOTAL ADMISSIONS</b>	6			Inpatient care: acute		Physicians	1.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.0	Registered Nurses	1.0
<b>TOTAL DISCHARGES</b>	5	Medicare	100.0%	Respite care	0.0	Lic. Prac. Nurses	0.0
		Medicaid	0.0	Total Patient Days	352	Hospice Aides	0.1
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	0.0	Private residence	100.0%	Pathologists	0.0
care provided by		Self Pay	0.0	Nursing home	0.0	Bereavement Counselors	0.0
another hospice	0.0	Other	0.0	Hospice res. fac.	0.0	Social Workers	0.1
Revocation of		Total Admissions	6	Assisted living:		Dietary	0.0
hospice benefit	20.0			Residential care		Other	0.0
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	0.0	Total FTEs	3.1
Deaths	80.0	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	5	Private residence	100.0%	Community-based		* Full-time equivalents	
		Nursing home	0.0	res. facility	0.0		
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	20.0%	Residential care		Caseload	1	hospice in 2000:	18
8 - 14 days	40.0	apt. complex	0.0				
15 - 30 days	20.0	Adult family home	0.0			Total hours of	
31 - 60 days	20.0	Community-based				service provided	
61 - 90 days	0.0	res. facility	0.0			during 2000 by these	
91 - 180 days	0.0	Inpatient facility	0.0			volunteers:	207
181 days - 1 year	0.0	Other site	0.0				
1 year or more	0.0	Total Deaths	4				
Total Discharges	5						

Mayo Hospice Program  
200 1st Street Southwest  
Rochester MN 55905

License Number: 534  
County: Out of State  
(507) 284-4002

Page 59

Ownership of Hospice:	Nonprofit Corporation	December 31, 2000 Caseload:	21
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	192
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	25
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE
Under 20 0.0%	Malignant neoplasm	Physician 35.4%	Medicare 81.0%
20 to 54 7.8	(cancer) 75.5%	Hospital 0.0	Medicaid 9.5
55 to 64 17.2	Cardiovascular	Self-referral 0.0	Medicare/Medicaid 4.8
65 to 74 19.8	disease 3.6	Patient's family 25.0	Managed Care/HMO 0.0
75 to 84 39.6	Pulmonary disease 7.3	Home health agency 0.0	PACE/Partnership 0.0
85 to 94 13.5	Renal failure/	Other 39.6	Private Insurance 4.8
95 & over 2.1	kidney disease 3.6	Total Patients 192	Self Pay 0.0
Total Patients 192	Diabetes 0.0		Other 0.0
	Alzheimer's disease 1.0		Caseload 21
Male 52.6%	AIDS 0.0	<b>PATIENT DAYS BY</b>	
Female 47.4	ALS 1.6	<b>LEVEL OF CARE</b>	
Total Patients 192	Other 7.3	Routine home care 97.9%	<b>STAFFING FTEs*</b>
<b>TOTAL ADMISSIONS 172</b>	Total Patients 192	Continuous care 0.0	Administrators 1.0
	<b>ADMISSIONS BY PAY SOURCE</b>	Inpatient care: acute	Physicians 0.0
<b>TOTAL DISCHARGES 181</b>	Medicare 64.0%	symptom mgmt 1.4	Registered Nurses 0.5
	Medicaid 3.5	Respite care 0.6	Lic. Prac. Nurses 0.2
<b>REASON FOR DISCHARGE</b>	Medicare/Medicaid 10.5	Total Patient Days 9,257	Hospice Aides 0.0
Hospice care not appropriate 2.8%	Managed Care/HMO 0.0	<b>CASELOAD ON 12/31/00</b>	Physical Therapists 0.0
Transferred:	PACE/Partnership 0.0	<b>BY LIVING ARRANGEMENTS</b>	Occupational Therapists 0.0
care provided by	Private Insurance 21.5	Private residence 81.0%	Speech/Language
another hospice 2.2	Self Pay 0.6	Nursing home 19.0	Pathologists 0.0
Revocation of	Other 0.0	Hospice res. fac. 0.0	Bereavement Counselors 0.1
hospice benefit 7.2	Total Admissions 172	Assisted living:	Social Workers 0.2
Other 0.0	<b>DEATHS BY SITE</b>	Residential care	Dietary 0.0
Deaths 87.8	<b>OF OCCURRENCE</b>	apt. complex 0.0	Other 0.0
Total Discharges 181	Private residence 76.1%	Adult family home 0.0	Total FTEs 1.8
	Nursing home 18.9	Community-based	* Full-time equivalents
<b>DISCHARGES BY</b>	Hospice res. fac. 0.0	res. facility 0.0	
<b>LENGTH OF STAY</b>	Assisted living:	Inpatient facility 0.0	Volunteers who served
1 - 7 days 20.4%	Residential care	Other site 0.0	patients of the
8 - 14 days 15.5	apt. complex 0.0	Caseload 21	hospice in 2000: 104
15 - 30 days 21.5	Adult family home 0.0		
31 - 60 days 17.1	Community-based		
61 - 90 days 9.4	res. facility 0.0		
91 - 180 days 8.8	Inpatient facility 5.0		
181 days - 1 year 5.5	Other site 0.0		
1 year or more 1.7	Total Deaths 159		
Total Discharges 181			Total hours of service provided during 2000 by these volunteers: 4,849

License Number: 548  
County: Out of State  
(651) 430-4522

Ownership of Hospice:	Nonprofit Corporation
Title 18 (Medicare) Certified?	Yes
Title 19 (Medicaid) Certified?	Yes
Licensed Hospice Residential Facility?	No

December 31, 2000 Caseload:	17
Unduplicated Patient Count for 2000:	114
Average Daily Census:	11
Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT		CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	28.9%	Medicare	100.0%
20 to 54	3.5	(cancer)	51.8%	Hospital	55.3	Medicaid	0.0
55 to 64	14.0	Cardiovascular		Self-referral	6.1	Medicare/Medicaid	0.0
65 to 74	24.6	disease	10.5	Patient's family	0.0	Managed Care/HMO	0.0
75 to 84	25.4	Pulmonary disease	3.5	Home health agency	4.4	PACE/Partnership	0.0
85 to 94	26.3	Renal failure/		Other	5.3	Private Insurance	0.0
95 & over	6.1	kidney disease	3.5	Total Patients	114	Self Pay	0.0
Total Patients	114	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.0			Caseload	17
Male	43.9%	AIDS	0.0	<b>PATIENT DAYS BY</b>			
Female	56.1	ALS	0.0	<b>LEVEL OF CARE</b>			
Total Patients	114	Other	30.7	Routine home care	98.7%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	114	Continuous care	0.0	Administrators	1.0
<b>TOTAL ADMISSIONS</b>	102			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.1	Registered Nurses	1.3
<b>TOTAL DISCHARGES</b>	97	Medicare	80.4%	Respite care	1.2	Lic. Prac. Nurses	0.0
		Medicaid	2.0	Total Patient Days	3,937	Hospice Aides	1.0
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	6.2%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	15.7	Private residence	82.4%	Pathologists	0.0
care provided by		Self Pay	0.0	Nursing home	17.6	Bereavement Counselors	0.3
another hospice	8.2	Other	2.0	Hospice res. fac.	0.0	Social Workers	0.1
Revocation of		Total Admissions	102	Assisted living:		Dietary	0.0
hospice benefit	0.0			Residential care		Other	0.3
Other	5.2	<b>DEATHS BY SITE</b>		apt. complex	0.0	Total FTEs	3.8
Deaths	80.4	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	97	Private residence	80.8%	Community-based		* Full-time equivalents	
		Nursing home	19.2	res. facility	0.0		
		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>DISCHARGES BY</b>		Assisted living:		Other site	0.0	patients of the	
<b>LENGTH OF STAY</b>		Residential care		Caseload	17	hospice in 2000:	12
1 - 7 days	. %	apt. complex	0.0				
8 - 14 days	.	Adult family home	0.0			Total hours of	
15 - 30 days	.	Community-based				service provided	
31 - 60 days	.	res. facility	0.0			during 2000 by these	
61 - 90 days	.	Inpatient facility	0.0			volunteers:	616
91 - 180 days	.	Other site	0.0				
181 days - 1 year	.	Total Deaths	78				
1 year or more	.						
Total Discharges	97						

Winona Area Hospice  
175 East Wabasha  
Winona MN 55987

License Number: 561  
County: Out of State  
(507) 457-4468

Page 61

Ownership of Hospice:	Nonprofit Corporation	December 31, 2000 Caseload:	0
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 2000:	4
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	0
Licensed Hospice Residential Facility?	No	Medicare Certified Inpatient Facility?	No

AGE AND SEX OF UNDUPLICATED PATIENT	COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT	COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT	COUNT	CASELOAD ON 12/31/00 BY PAY SOURCE	
Under 20	0.0%	Malignant neoplasm		Physician	50.0%	Medicare	0.0%
20 to 54	0.0	(cancer)	50.0%	Hospital	0.0	Medicaid	0.0
55 to 64	25.0	Cardiovascular		Self-referral	0.0	Medicare/Medicaid	0.0
65 to 74	0.0	disease	50.0	Patient's family	0.0	Managed Care/HMO	0.0
75 to 84	25.0	Pulmonary disease	0.0	Home health agency	0.0	PACE/Partnership	0.0
85 to 94	25.0	Renal failure/		Other	50.0	Private Insurance	0.0
95 & over	25.0	kidney disease	0.0	Total Patients	4	Self Pay	0.0
Total Patients	4	Diabetes	0.0			Other	0.0
		Alzheimer's disease	0.0			Caseload	0
Male	50.0%	AIDS	0.0	<b>PATIENT DAYS BY</b>			
Female	50.0	ALS	0.0	<b>LEVEL OF CARE</b>			
Total Patients	4	Other	0.0	Routine home care	100.0%	<b>STAFFING</b>	<b>FTEs*</b>
		Total Patients	4	Continuous care	0.0	Administrators	0.0
<b>TOTAL ADMISSIONS</b>	3			Inpatient care: acute		Physicians	0.0
		<b>ADMISSIONS BY PAY SOURCE</b>		symptom mgmt	0.0	Registered Nurses	0.1
<b>TOTAL DISCHARGES</b>	4	Medicare	100.0%	Respite care	0.0	Lic. Prac. Nurses	0.0
		Medicaid	0.0	Total Patient Days	83	Hospice Aides	0.2
<b>REASON FOR DISCHARGE</b>		Medicare/Medicaid	0.0			Physical Therapists	0.0
Hospice care not		Managed Care/HMO	0.0	<b>CASELOAD ON 12/31/00</b>		Occupational Therapists	0.0
appropriate	0.0%	PACE/Partnership	0.0	<b>BY LIVING ARRANGEMENTS</b>		Speech/Language	
Transferred:		Private Insurance	0.0	Private residence	0.0%	Pathologists	0.0
care provided by		Self Pay	0.0	Nursing home	0.0	Bereavement Counselors	0.0
another hospice	0.0	Other	0.0	Hospice res. fac.	0.0	Social Workers	0.0
Revocation of		Total Admissions	3	Assisted living:		Dietary	0.0
hospice benefit	0.0			Residential care		Other	0.0
Other	0.0	<b>DEATHS BY SITE</b>		apt. complex	0.0	Total FTEs	0.4
Deaths	100.0	<b>OF OCCURRENCE</b>		Adult family home	0.0		
Total Discharges	4	Private residence	50.0%	Community-based		* Full-time equivalents	
		Nursing home	50.0	res. facility	0.0		
<b>DISCHARGES BY</b>		Hospice res. fac.	0.0	Inpatient facility	0.0	Volunteers who served	
<b>LENGTH OF STAY</b>		Assisted living:		Other site	0.0	patients of the	
1 - 7 days	50.0%	Residential care		Caseload	0	hospice in 2000:	1
8 - 14 days	0.0	apt. complex	0.0				
15 - 30 days	25.0	Adult family home	0.0			Total hours of	
31 - 60 days	25.0	Community-based				service provided	
61 - 90 days	0.0	res. facility	0.0			during 2000 by these	
91 - 180 days	0.0	Inpatient facility	0.0			volunteers:	6
181 days - 1 year	0.0	Other site	0.0				
1 year or more	0.0	Total Deaths	4				
Total Discharges	4						

## INDEX BY COUNTY

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
1	526	Regional Hospice Services, Inc.	Ashland	Ashland
2	555	Lakeview Medical Center	Rice Lake	Barron
3	1503	Unity Hospice	Green Bay	Brown
4	557	Calumet County Hospice Agency	Chilton	Calumet
5	554	Calumet Medical Center Hospice	Chilton	Calumet
6	1524	St. Joseph's Hospice	Chippewa Falls	Chippewa
7	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
8	1505	Hospicecare, Inc.	Madison	Dane
9	1518	Hillside Home Care/Hospice	Beaver Dam	Dodge
10	2004	VNA of Wisconsin Hospice - Sturgeon Bay	Sturgeon Bay	Door
11	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
12	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
13	516	Grant County Hospice	Lancaster	Grant
14	1523	The Monroe Clinic Hospice	Monroe	Green
15	545	Lifeline Community Hospice	Dodgeville	Iowa
16	508	Rainbow Hospice Care, Inc.	Jefferson	Jefferson
17	1502	Hospice Alliance, Inc.	Kenosha	Kenosha
18	1507	Franciscan Skemp Hospital Service	La Crosse	La Crosse
19	528	Gunderson Lutheran Hospice Program	La Crosse	La Crosse
20	538	Lafayette County Hospice	Darlington	Lafayette
21	524	Le Royer Hospice	Antigo	Langlade
22	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
23	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
24	1514	Comfort Care & Hospice Services	Wausau	Marathon
25	525	Horizon HC & Hospice, Inc.	Brown Deer	Milwaukee
26	556	Covenant Hospice/Palliative Care	Milwaukee	Milwaukee
27	2003	Heartland Home Health Care & Hospice	Milwaukee	Milwaukee
28	2005	Heartland Home Health Care & Hospice	Milwaukee	Milwaukee
29	549	Hospice Preferred Choice	Milwaukee	Milwaukee
30	2002	Ruth Hospice	Milwaukee	Milwaukee
31	521	St. Mary's Hospice	Milwaukee	Milwaukee
32	1528	VNA of Wisconsin Hospice	Milwaukee	Milwaukee
33	547	Vitas Healthcare Corporation	Wauwatosa	Milwaukee
34	531	Hospice Touch	Tomah	Monroe
35	522	Sacred Heart-St. Mary's Hospital Hospice	Rhineland	Oneida
36	1509	Dr. Kate - Lakeland Hospice	Woodruff	Oneida
37	503	Hospice of Portage County	Stevens Point	Portage
38	552	Flambeau Home Health & Hospice	Phillips	Price
39	1525	Beloit Regional Hospice, Inc.	Beloit	Rock
40	544	Mercy Assisted Care, Inc.	Janesville	Rock
41	1521	Heartland Hospice	Hammond	St. Croix
42	1522	Home Health United Hospice, Inc.	Baraboo	Sauk
43	510	Shawano Community Hospice	Shawano	Shawano
44	532	Community Home Hospice	Sheboygan	Sheboygan
45	529	VNA of WI Hospice - Sheboygan	Sheboygan	Sheboygan
46	1517	Hope Hospice & Palliative Care, Inc.	Rib Lake	Taylor
47	514	Vernon Memorial Hospice	Viroqua	Vernon
48	553	Odyssey Healthcare of Milwaukee, Inc.	Brookfield	Waukesha

## INDEX BY COUNTY

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
49	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
50	536	Hospice Program of Waupaca County	Waupaca	Waupaca
51	1504	Thedacare at Home	Neenah	Winnebago
52	1526	Affinity Visiting Nurses	Oshkosh	Winnebago
53	1516	Hospice Program/St. Joseph's Hospital	Marshfield	Wood
54	562	Hospice of Dubuque	Dubuque	Out of State
55	535	SMDC Hospice & Palliative Care	Duluth	Out of State
56	537	St. Luke's Hospice Duluth	Duluth	Out of State
57	551	Marquette General Home Health & Hospice	Escanaba	Out of State
58	540	Red Wing Regional Hospice	Red Wing	Out of State
59	534	Mayo Hospice Program	Rochester	Out of State
60	548	Lakeview Hospice	Stillwater	Out of State
61	561	Winona Area Hospice	Winona	Out of State

## INDEX BY CITY

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
21	524	Le Royer Hospice	Antigo	Langlade
1	526	Regional Hospice Services, Inc.	Ashland	Ashland
42	1522	Home Health United Hospice, Inc.	Baraboo	Sauk
9	1518	Hillside Home Care/Hospice	Beaver Dam	Dodge
39	1525	Beloit Regional Hospice, Inc.	Beloit	Rock
48	553	Odyssey Healthcare of Milwaukee, Inc.	Brookfield	Waukesha
25	525	Horizon HC & Hospice, Inc.	Brown Deer	Milwaukee
4	557	Calumet County Hospice Agency	Chilton	Calumet
5	554	Calumet Medical Center Hospice	Chilton	Calumet
6	1524	St. Joseph's Hospice	Chippewa Falls	Chippewa
20	538	Lafayette County Hospice	Darlington	Lafayette
15	545	Lifeline Community Hospice	Dodgeville	Iowa
54	562	Hospice of Dubuque	Dubuque	Out of State
55	535	SMDC Hospice & Palliative Care	Duluth	Out of State
56	537	St. Luke's Hospice Duluth	Duluth	Out of State
11	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
57	551	Marquette General Home Health & Hospice	Escanaba	Out of State
12	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
3	1503	Unity Hospice	Green Bay	Brown
41	1521	Heartland Hospice	Hammond	St. Croix
49	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
40	544	Mercy Assisted Care, Inc.	Janesville	Rock
16	508	Rainbow Hospice Care, Inc.	Jefferson	Jefferson
17	1502	Hospice Alliance, Inc.	Kenosha	Kenosha
18	1507	Franciscan Skemp Hospital Service	La Crosse	La Crosse
19	528	Gunderson Lutheran Hospice Program	La Crosse	La Crosse
13	516	Grant County Hospice	Lancaster	Grant
8	1505	Hospicecare, Inc.	Madison	Dane
22	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
23	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
53	1516	Hospice Program/St. Joseph's Hospital	Marshfield	Wood
26	556	Covenant Hospice/Palliative Care	Milwaukee	Milwaukee
27	2003	Heartland Home Health Care & Hospice	Milwaukee	Milwaukee
28	2005	Heartland Home Health Care & Hospice	Milwaukee	Milwaukee
29	549	Hospice Preferred Choice	Milwaukee	Milwaukee
30	2002	Ruth Hospice	Milwaukee	Milwaukee
31	521	St. Mary's Hospice	Milwaukee	Milwaukee
32	1528	VNA of Wisconsin Hospice	Milwaukee	Milwaukee
14	1523	The Monroe Clinic Hospice	Monroe	Green
51	1504	Thedacare at Home	Neenah	Winnebago
52	1526	Affinity Visiting Nurses	Oshkosh	Winnebago
38	552	Flambeau Home Health & Hospice	Phillips	Price
7	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
58	540	Red Wing Regional Hospice	Red Wing	Out of State
35	522	Sacred Heart-St. Mary's Hospital Hospice	Rhineland	Oneida
46	1517	Hope Hospice & Palliative Care, Inc.	Rib Lake	Taylor
2	555	Lakeview Medical Center	Rice Lake	Barron
59	534	Mayo Hospice Program	Rochester	Out of State

## INDEX BY CITY

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
43	510	Shawano Community Hospice	Shawano	Shawano
44	532	Community Home Hospice	Sheboygan	Sheboygan
45	529	VNA of WI Hospice - Sheboygan	Sheboygan	Sheboygan
37	503	Hospice of Portage County	Stevens Point	Portage
60	548	Lakeview Hospice	Stillwater	Out of State
10	2004	VNA of Wisconsin Hospice - Sturgeon Bay	Sturgeon Bay	Door
34	531	Hospice Touch	Tomah	Monroe
47	514	Vernon Memorial Hospice	Viroqua	Vernon
50	536	Hospice Program of Waupaca County	Waupaca	Waupaca
24	1514	Comfort Care & Hospice Services	Wausau	Marathon
33	547	Vitas Healthcare Corporation	Wauwatosa	Milwaukee
61	561	Winona Area Hospice	Winona	Out of State
36	1509	Dr. Kate - Lakeland Hospice	Woodruff	Oneida



## INDEX BY NAME

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
52	1526	Affinity Visiting Nurses	Oshkosh	Winnebago
39	1525	Beloit Regional Hospice, Inc.	Beloit	Rock
4	557	Calumet County Hospice Agency	Chilton	Calumet
5	554	Calumet Medical Center Hospice	Chilton	Calumet
24	1514	Comfort Care & Hospice Services	Wausau	Marathon
44	532	Community Home Hospice	Sheboygan	Sheboygan
26	556	Covenant Hospice/Palliative Care	Milwaukee	Milwaukee
36	1509	Dr. Kate - Lakeland Hospice	Woodruff	Oneida
38	552	Flambeau Home Health & Hospice	Phillips	Price
18	1507	Franciscan Skemp Hospital Service	La Crosse	La Crosse
13	516	Grant County Hospice	Lancaster	Grant
19	528	Gunderson Lutheran Hospice Program	La Crosse	La Crosse
27	2003	Heartland Home Health Care & Hospice	Milwaukee	Milwaukee
28	2005	Heartland Home Health Care & Hospice	Milwaukee	Milwaukee
41	1521	Heartland Hospice	Hammond	St. Croix
9	1518	Hillside Home Care/Hospice	Beaver Dam	Dodge
22	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
42	1522	Home Health United Hospice, Inc.	Baraboo	Sauk
46	1517	Hope Hospice & Palliative Care, Inc.	Rib Lake	Taylor
25	525	Horizon HC & Hospice, Inc.	Brown Deer	Milwaukee
17	1502	Hospice Alliance, Inc.	Kenosha	Kenosha
29	549	Hospice Preferred Choice	Milwaukee	Milwaukee
50	536	Hospice Program of Waupaca County	Waupaca	Waupaca
53	1516	Hospice Program/St. Joseph's Hospital	Marshfield	Wood
34	531	Hospice Touch	Tomah	Monroe
54	562	Hospice of Dubuque	Dubuque	Out of State
37	503	Hospice of Portage County	Stevens Point	Portage
8	1505	Hospicecare, Inc.	Madison	Dane
20	538	Lafayette County Hospice	Darlington	Lafayette
60	548	Lakeview Hospice	Stillwater	Out of State
2	555	Lakeview Medical Center	Rice Lake	Barron
21	524	Le Royer Hospice	Antigo	Langlade
15	545	Lifeline Community Hospice	Dodgeville	Iowa
23	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
57	551	Marquette General Home Health & Hospice	Escanaba	Out of State
59	534	Mayo Hospice Program	Rochester	Out of State
40	544	Mercy Assisted Care, Inc.	Janesville	Rock
11	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
48	553	Odyssey Healthcare of Milwaukee, Inc.	Brookfield	Waukesha
7	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
16	508	Rainbow Hospice Care, Inc.	Jefferson	Jefferson
58	540	Red Wing Regional Hospice	Red Wing	Out of State
1	526	Regional Hospice Services, Inc.	Ashland	Ashland
49	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
30	2002	Ruth Hospice	Milwaukee	Milwaukee
55	535	SMDC Hospice & Palliative Care	Duluth	Out of State
35	522	Sacred Heart-St. Mary's Hospital Hospice	Rhineland	Oneida
43	510	Shawano Community Hospice	Shawano	Shawano

## INDEX BY NAME

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
12	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
6	1524	St. Joseph's Hospice	Chippewa Falls	Chippewa
56	537	St. Luke's Hospice Duluth	Duluth	Out of State
31	521	St. Mary's Hospice	Milwaukee	Milwaukee
14	1523	The Monroe Clinic Hospice	Monroe	Green
51	1504	Thedacare at Home	Neenah	Winnebago
3	1503	Unity Hospice	Green Bay	Brown
45	529	VNA of WI Hospice - Sheboygan	Sheboygan	Sheboygan
32	1528	VNA of Wisconsin Hospice	Milwaukee	Milwaukee
10	2004	VNA of Wisconsin Hospice - Sturgeon Bay	Sturgeon Bay	Door
47	514	Vernon Memorial Hospice	Viroqua	Vernon
33	547	Vitas Healthcare Corporation	Wauwatosa	Milwaukee
61	561	Winona Area Hospice	Winona	Out of State

## INDEX BY LICENSE NUMBER

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
37	503	Hospice of Portage County	Stevens Point	Portage
16	508	Rainbow Hospice Care, Inc.	Jefferson	Jefferson
43	510	Shawano Community Hospice	Shawano	Shawano
47	514	Vernon Memorial Hospice	Viroqua	Vernon
13	516	Grant County Hospice	Lancaster	Grant
31	521	St. Mary's Hospice	Milwaukee	Milwaukee
35	522	Sacred Heart-St. Mary's Hospital Hospice	Rhineland	Oneida
21	524	Le Royer Hospice	Antigo	Langlade
25	525	Horizon HC & Hospice, Inc.	Brown Deer	Milwaukee
1	526	Regional Hospice Services, Inc.	Ashland	Ashland
49	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
19	528	Gunderson Lutheran Hospice Program	La Crosse	La Crosse
45	529	VNA of WI Hospice - Sheboygan	Sheboygan	Sheboygan
34	531	Hospice Touch	Tomah	Monroe
44	532	Community Home Hospice	Sheboygan	Sheboygan
59	534	Mayo Hospice Program	Rochester	Out of State
55	535	SMDC Hospice & Palliative Care	Duluth	Out of State
50	536	Hospice Program of Waupaca County	Waupaca	Waupaca
56	537	St. Luke's Hospice Duluth	Duluth	Out of State
20	538	Lafayette County Hospice	Darlington	Lafayette
58	540	Red Wing Regional Hospice	Red Wing	Out of State
40	544	Mercy Assisted Care, Inc.	Janesville	Rock
15	545	Lifeline Community Hospice	Dodgeville	Iowa
33	547	Vitas Healthcare Corporation	Wauwatosa	Milwaukee
60	548	Lakeview Hospice	Stillwater	Out of State
29	549	Hospice Preferred Choice	Milwaukee	Milwaukee
57	551	Marquette General Home Health & Hospice	Escanaba	Out of State
38	552	Flambeau Home Health & Hospice	Phillips	Price
48	553	Odyssey Healthcare of Milwaukee, Inc.	Brookfield	Waukesha
5	554	Calumet Medical Center Hospice	Chilton	Calumet
2	555	Lakeview Medical Center	Rice Lake	Barron
26	556	Covenant Hospice/Palliative Care	Milwaukee	Milwaukee
4	557	Calumet County Hospice Agency	Chilton	Calumet
61	561	Winona Area Hospice	Winona	Out of State
54	562	Hospice of Dubuque	Dubuque	Out of State
17	1502	Hospice Alliance, Inc.	Kenosha	Kenosha
3	1503	Unity Hospice	Green Bay	Brown
51	1504	Thedacare at Home	Neenah	Winnebago
8	1505	Hospicecare, Inc.	Madison	Dane
18	1507	Franciscan Skemp Hospital Service	La Crosse	La Crosse
23	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
36	1509	Dr. Kate - Lakeland Hospice	Woodruff	Oneida
12	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
7	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
24	1514	Comfort Care & Hospice Services	Wausau	Marathon
53	1516	Hospice Program/St. Joseph's Hospital	Marshfield	Wood
46	1517	Hope Hospice & Palliative Care, Inc.	Rib Lake	Taylor
9	1518	Hillside Home Care/Hospice	Beaver Dam	Dodge

## INDEX BY LICENSE NUMBER

<u>PAGE</u>	<u>LICENSE</u>	<u>NAME</u>	<u>CITY</u>	<u>COUNTY</u>
11	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
41	1521	Heartland Hospice	Hammond	St. Croix
42	1522	Home Health United Hospice, Inc.	Baraboo	Sauk
14	1523	The Monroe Clinic Hospice	Monroe	Green
6	1524	St. Joseph's Hospice	Chippewa Falls	Chippewa
39	1525	Beloit Regional Hospice, Inc.	Beloit	Rock
52	1526	Affinity Visiting Nurses	Oshkosh	Winnebago
22	1527	Holy Family Memorial Hospice	Manitowoc	Manitowoc
32	1528	VNA of Wisconsin Hospice	Milwaukee	Milwaukee
30	2002	Ruth Hospice	Milwaukee	Milwaukee
27	2003	Heartland Home Health Care & Hospice	Milwaukee	Milwaukee
10	2004	VNA of Wisconsin Hospice - Sturgeon Bay	Sturgeon Bay	Door
28	2005	Heartland Home Health Care & Hospice	Milwaukee	Milwaukee